

S T A T E  
OF THE  
L I N C O L N  
L U N A T I C A S Y L U M .

(INSTITUTED NOVEMBER 4, 1819.)

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1849.

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L I N C O L N  
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TWENTY-FIFTH REPORT.

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SPECIAL DIFFICULTIES ATTENDING THE MANAGEMENT  
OF THE INSANE.

IN the Report of the year 1843, it is stated—"The improvements  
"in the treatment of the insane, have heretofore been more in  
"the general economy of their management, and the negating  
"injurious practices, than in any positive medical means, which  
"must generally depend upon the source of the disease in each  
"case. The greatest benefits however have arisen from the clear  
"stage thus left to nature, under a careful attention to the general  
"health. It is quite remarkable to observe how a regular and  
"sober general management tends to diminish all the more  
"striking evils, which are so prominent in these institutions;  
"and which render the management in such cases so painful  
"and so very difficult. The evils assume a milder and more  
"manageable form, or almost wholly melt away without any very  
"defined reason, under a sound general economy; though the  
"greatest efforts, and most ingenious expedients had previously been  
"resorted to in vain. Such inconveniences must however more or  
"less exist at all times; and it would be of great public benefit to  
"collect into one focus and publish, all the minor contrivances,  
"which experience has suggested for meeting these difficulties."



A variety of matter of a more immediately pressing nature, has hitherto prevented the design from being carried out, and the board now considers itself under some obligation to enter upon the subject.

The various contrivances and arrangements, which have been discovered for the more convenient and successful management of the insane, which a humane, judicious, and curative treatment must perpetually meet with, cannot but deserve peculiar attention. Here we find ourselves in a department never systematically examined,—one open to unbounded improvement, and one in which every institution, and every practitioner, by contributing minor details and expedients found to be useful, might afford valuable additions to our practice. When an expedient has been found to answer, it will naturally be again resorted to; and the accumulation of such expedients, in an institution of any standing, and containing any considerable number of patients, produces facilities not to be gleaned from treatises; it being always presumed that the institution is humanely conducted, and that such expedients do not consist in sacrificing the patient. The experience of this house amply confirms this view; and it is quite remarkable how strong is the contrast between the present sober and domestic management, and the violence, suicides, and outrage of the earlier periods of the establishment. We every day hear of very extraordinary difficulties, and very extraordinary cases, occurring in these institutions; but it will be found that such cases gradually disappear, and become exceptions, under a mildly conducted system. It would almost seem as if every improvement had an atmosphere around it, extending to or mitigating difficulties not contemplated when the particular change was introduced.

The special difficulties of an asylum are the proper department of the House Surgeon and Matron, as the medical economy is that of the Physician. The patience, the ingenuity, the good sense, the tact and humanity of these officers, are all tested by their success in the department of asylum difficulties; and, in this house at least, no suggestion of theirs in such points has ever been slightly passed over by the Boards, or acting Physician. Were an intelligent House Surgeon, Matron, or Physician, when first they enter upon their duties, minutely to note down whatever at the time strikes them as new, the result would be an accumulation of very valuable matter, which it would be utterly vain for any person, even long habituated to actual practice, to attempt to put together.

On the matter of these difficulties it may be thought that this Report does not present any novelty of importance : and indeed it often happens that the most important expedients, when once introduced, appear so obvious and so much a matter of course, that it would not occur to persons habituated to their use, to mention them at all. The following are recounted more as a matter of duty to the public, and by way of setting an example in this direction to our many able writers of reports, with the hope of drawing from them details of practical value.

### ESCAPE.

The first impulse of the old school of asylum management, was to approximate these institutions, as far as possible, to the worst features of the harshest prisons. If a patient showed any disposition to escape, and the inclination could not be very uncommon under the customary administration, leg-locks and chains were of course resorted to, while the outer walls were of the most approved prison aspect, and sometimes secured by iron spikes. It is disgraceful to the medical profession that unprofessional men abolished the use of chains within prisons, even for the worst felons, except as a punishment, while their use was current unscrupulously in our Asylums ; and that this bias of the Legislature has been at last most reluctantly pursued towards the insane.

Under a proper management, the health of the inmates will not be sacrificed to the possible occasional escape of the patient, who is usually retaken with some little trouble.—An Asylum should be erected on the south brow of a hill, and protected by a sunk fence, so as to admit a free ventilation of the inclosed area, and a cheerful aspect over the country below from the grounds and buildings.—Partition walls, except to separate the sexes, should not be raised so high as the outward walls, by which some impediment to ventilation will be avoided ; and if by accident, even when exclusive Classification was formerly deemed necessary, any patient should overleap his limits, no mischief worth notice has occurred, and he is easily returned to his proper situation.—Some patients, especially sweeps, have a very extraordinary power of climbing, and, on that account, acute angles at the outer walls, and even right angles, should be rounded off or built up.—It is scarcely necessary to



say that shrubs should not be nailed against the outer walls.—With these slight precautions, and where there is a sufficient number of attendants not occupied with distracting duties but engaged solely in looking after their patients, escape can rarely occur.

It should not be forgotten that it is a marked instinct of the insane, to glory in exciting terror and wonder, and that therefore every precaution ostentatiously displayed, is a signal calling upon him for the exertion of his powers; while apparent indifference damps or diverts the propensity. The resource should be to disguise confinement, to amuse the patients, and to create as few reasons for escape as possible. Escapes from prisons are now comparatively rare, notwithstanding the abolition of brutalising precautions; the inclination to escape having faded away with the mitigation of the outrages upon humanity, formerly suffered by prisoners.—The interior of an Asylum may, by the removal of the aspect of strait waistcoats and other such repulsive spectacles, by good comfortable diet and lodging, *wholesome* warmth, variety of apartments and scene, games and amusements, and active employments, become anything but unpalatable; and it is amusing to observe with what pride and complacency, some of the patients receive any compliment paid to the comfort and beauty of the accommodation.—But the idea of confinement is above all mitigated by the presence of Strangers\* passing through the grounds and galleries, always an object of interest.—If to these be added occasional excursions beyond the walls for the indulgence of the more manageable, and the occasional visits of friends (here always allowed to be seen by the patients, or at least to see them), we have still further seceded from the assimilation of an asylum to a gaol. In cases of escape, if the patient be not immediately recovered, a letter is forwarded, by the first post, to the friends, and two trusty persons are sent in pursuit; and a notice is forwarded to the Commissioners in Lunacy, if the recovery should not occur within twenty-four hours.

It is singular that female patients are generally clamorous to be let out, and yet very rarely attempt an escape; whilst the men, who are much more taciturn on the subject, seem almost exclusively inclined to carry the object into effect. It is also worth notice that a diminished inclination for leaving the institution, forms one of the soundest indications of a diminution of the malady.

\* See Appendix A.

## VIOLENCE.

This difficulty is the point of view in which insanity has popularly been considered, and very little has been done by the profession to show the extreme exaggerations upon the subject. Violence is not the common characteristic of insanity; it is the exception; it seldom appears except at intervals, and is very rarely of a sustained character. In common life there are great varieties of temper, and some are habitually violent; and a vulgar extension of the idea has encouraged a notion, that violence in the insane is to be subdued by terror, or chains, or in any way except by management. Two principles however ought to have suggested themselves;—that confinement will increase the irritability and violence of a man, as it would of a dog;—and also that confinement facilitates the ill-usage of patients, by making it perfectly safe to the attendant, and so additionally tends to increase that irritability. Among the primary indications in the cure of insanity are, an unimpeded circulation, and the absence of irritation, both of which conditions are outraged by the use of Instruments;\* as the force required for confining the patient, incited to increased exertions by the attempt, would be greater than the force required for his temporary control, and inducing him to control himself.

There is a tendency to mental exaltation and exaggeration in the insane, which makes them consider themselves of great dignity and importance; so much so that confinement fills them with an idea that they are very formidable persons, and thereby encourages this habit of mind. This tone of exaltation among the insane will rise to any pitch at which the scale of control, and harshness of the management, may be set; the very sight of restraint suggests images of violence.—We must show the patient that the Institution is not only not afraid of him, but that any outbreak of violence is quite thrown away, and invariably ends in lowering his inflated dignity in his own estimation.—He should see around him tall powerful attendants, of firm, quiet, and humane habits, who are sufficient in number and power, instantly to suppress and prevent any insane outrage, which he may attempt. If, upon any occasion, force is employed to remove him from one place to another, or for any similar purpose, no attendant is allowed

\* See Appendix B.



to enter singly into a struggle with him, and the force employed is more than sufficient for the purpose. If he attempts an outrage, he is held until he shows a disposition to exert self control; and it is pretty obvious, that no attendants will ever incommode themselves by holding him a moment longer than may be necessary. Experience enables attendants to execute this duty as a matter of calm and quiet routine, without argument or many words; and, in the grounds and apartments, the few patients with this tendency are perfectly well known to the attendants, and kept under a quiet surveillance.

In the case of violence especially, a House Surgeon will require a sufficient number of assistants; any defect in that point driving him to objectionable resources. One great benefit of the mitigation of Seclusive Classification\* is the larger disposable power, which can instantly be brought to bear, for repressing any sudden outburst.—The insane image should be studiously kept out of sight. Images of violence must not be perpetually presented to the patient's mind; he must not have strait waistcoats and manacles constantly in view, and his violence should be repressed with composure, perfect silence, and the utmost affectation of indifference.—The patient thus will habituate himself to self control, and is not irritated; a point of urgent difficulty in private practice, in which a patient is controlled where he has been accustomed to command, and by persons who have been accustomed to obey. The insane are peculiarly subjects for routine, and accommodate themselves to it in a remarkable manner; and hence the influence on their tone of mind, produced by an every day quiet domestic management.

The attendants on the patients are totally free from other distracting duties, and the House Surgeon is empowered to engage supplementary assistance to any extent, if any particular case should seem to require it.—No attempt is ever made to subdue violence by nauseating medicines,—by narcotics,—by bloodletting,—nor by cold or shower baths;—neither are padded rooms—darkened rooms,—or Solitary Cells† adopted, involving, as in the case of instruments, the additional force and irritation required for their use.

It is very obvious that exercise in the open air, a variety of engagements, and considerable freedom of range, must tend to

\* See Appendix D.

† See Appendix C.



divert the mind from a tendency to violence, and diminish the irritability of the system.—It is also obvious, and most decidedly confirmed by the experience of this house, that such a tendency is materially diminished throughout the establishment, by the discontinuance of fermented drink, except for pharmaceutical purposes.—It may be mentioned that access to the means of quenching thirst should not be overlooked in such cases: and that particular attention should be paid to the state of the bowels.—Nine-tenths of the erroneous treatment of insanity has arisen from confounding insanity with Phrenitis, or inflammation of the brain, a disease requiring remedies usually wholly contra-indicated in the treatment of the insane; and the same remark may be applied to cases of delirium tremens; the former introducing, among other proposed remedies, bloodletting, and shaving the head; and the latter the use of opiates.—It is scarcely necessary to say that knives and forks are not used in this house, though by some this is considered an exaggerated precaution; neither are articles that could be dangerously used, left habitually in sight.—Some patients, who have been disposed to kick, have had list shoes substituted for their ordinary shoes.

It is remarkable to observe how soon after admission, the more exaggerated aspects of the disease seem to relax in this house. Every facility is offered for innocent outlets to the excitability of the patient, through the free use of his bodily organs. Exercise and other occupation in the grounds, a free range from apartment to apartment, games without doors in fine weather, dancing within doors in wet weather, are substitutes for violence with many; nor is any interference attempted with grotesque attitudes or motions, or grimaces, or declamation, in which the patient may indulge for the purpose. The irritability is not concentrated or stimulated by compression. The danger from violent patients is found to be greatly increased, not merely by the increased tendency to violence, but by the diminution of caution and watchfulness, which a reliance upon instruments afterwards produces. That the tendency to excitement is increased by instrumental restraint, would appear from the fact, that cases of death from maniacal exhaustion have disappeared from the books, contemporaneously with the disuse of the instruments. But, in all this, it must be distinctly understood that we are talking of patients in an organized institution, with every accommodation, and with a numerous body

of carefully selected and experienced attendants.—On the exigences of private practice the Board does not venture to pass any opinion.

Experience will suggest to attendants resources for meeting the difficulties, where they cannot throw themselves upon the coarse and ready expedient of an instrument. In this house lately an epileptic female patient was subject to such an extraordinary tendency to violence in connection with the epileptic attacks, that an additional nurse was required on her sole account. The head nurse however, in answer to an inquiry, observed that they had comparatively little trouble with this patient now, as they merely sent her out of doors on these occasions, when the weather allowed, and that, after walking about sometimes for several hours, she would return, of her own accord, composed.

The public dread of violence has been an excuse for every description of harsh treatment, and for exclusion of the public eye; and yet, singular as it may appear, among above one hundred and thirty patients in this Asylum, there happens not to be one at the time of writing this report, who is considered dangerously violent; and the attendants do not even think it necessary, according to the early common practice, to caution strangers against approaching certain patients.

Violence in an insane patient may sometimes be a mere blind animal impulse, quite involuntary on the part of the patient; and it is obvious that the proper course is to prevent the patient from doing mischief, until the fit is over, never, in such a case, of long continuance. The mischief is prevented as the mischief of an epileptic or hysterical fit would be, under which no rational person would think of applying an instrument. In the majority of cases the violence is semivoluntary, and it is remedial to rouse the patient's self control. The condition is brought on and aggravated by every species of harsh usage, contempt, or injustice; and this feeling must be increased by the use of instruments, under which the motive to self control ceases, and the patient indulges himself in letting his mind loose to its impulses of violence, leaning as it were upon the instrument;—while the contempt and ill usage, which a cowardly bystander may then safely exercise, aggravate the case.—The irritated rebound of an insane mind, cannot be crushed; it must be evaded and diverted.

The basis of improvement in this House was the institution of a "Register of Control," in which the House Surgeon was required



to enter daily the name of every patient subjected to instrumental restraint or severity of any kind. This forced attention; and, whereas formerly the number of cases under restraint was considered to be a matter of indifference, or even a proof of vigilant precaution, exonerating the establishment from a responsibility in case of any accident, the institution of a Register made it a matter of praise to the House Surgeon, that the number of cases should be small. The cases diminished with unexpected rapidity, and sometimes weeks or months elapsed without any case at all. At last, under these circumstances, the idea occurred to Mr. Hill that *no case of the kind whatsoever need exist*: and, in the practice, he was determinedly supported by the Boards, through every species of opposition, exaggeration, and misrepresentation, within the institution and without.

### INSOMNOLENCE.

This condition must be considered as one of those in which a disorder of a common nature is complicated with insanity, and therefore to be met by the usual resources of domestic management, as far as they will extend. In this and in other cases, the patient should, during the day, use free exercise in the open air; taking care that no degree of fatigue is induced to that extent which is known to produce a feverish restlessness at night. It is essential that all causes of irritation connected with the skin and bowels, and other excretory organs, should be carefully removed. The clothing should be warm, and such patients should generally be provided with flannel next the skin. The diet should be attended to, and all food of difficult digestion carefully avoided; and it is essential that this principle should be kept in view with more and more rigor, both as to quantity and quality, as the day advances, so that no irritating process of digestion may be at work after the retirement of the patient to bed. Broth, as tending to produce flatulency, should be avoided towards night. The supper, if any, should not be cold; cheese suppers and other matters which may be suitable for persons habituated to strong out-door exercise or labor, will not be proper in an asylum. It is of great consequence that insomnolent patients should retire to bed thoroughly well warmed before a comfortable fire. If the patients are subject to cold, especially in



the winter, they should wear socks, and be allowed a warm water vessel for their feet.

There are also many minor resources, after the patient has retired to his sleeping room; patients will sometimes be composed by amusing themselves with any small quantity of food placed by their bed-side during the night; and Sir W. Ellis very correctly mentions the soothing effect of a cup of tea in bed. The bed of the patient should be amply sufficient in length and breadth, and accommodated with curtains. The bed-clothes should be sufficient to keep the patient well warmed, but without any material of close cotton coverlets, or other such impenetrable article as may check necessary transpiration; neither should the patient sleep in a flannel waistcoat, which will retain on the body the transpiration of the day. The apartment itself should not be close, or *warmed with heated air*; and should have shutters to the windows to exclude moonlight. Skylights, subject to the pattering of rain and the downward radiation of cold, are improper; and, to prevent noise, the attendants on night watch should walk upon carpet, or wear list shoes. Of course the patient must not be allowed to retire with a distension either of the rectum or bladder.—It is seldom indeed that such domestic resources, carefully attended to and backed by a rigorous medical attention to the general health, will be found to fail in ordinary insomnolence.

When these methods do fail, it becomes a question whether, on sound principle, we should attempt to extort sleep by narcotics; and it must be frankly answered that the cases are very rare indeed, in which they can be had recourse to without injury and danger to the patient, bodily and mental, an aggravation of the symptoms, and usually a failure even in the ostensible object. The first vulgar impulse of uneducated persons, is to fly to such a remedy; and the health and faculties of innumerable irritable and restless children are ruined annually, by their being drugged with shop cordials of this nature. What medical man would for a moment run the risk of apoplexy and the destruction of his patient, by resorting to opiates for the insomnolence of delirious fever? though, in urgent and extraordinary cases, some have cautiously felt their way, by a succession of extremely minute doses at short intervals. In old age there is often such a limited duration of sleep, as would tempt ignorant persons to the use of narcotics, and similar instances are common in all departments of medicine. It

has been stated by an eminent physiologist, that the condition of the brain in sleep depends upon a retarded circulation through the organ, accompanied by a fullness of the vessels attending a relaxed condition ; and, it will be obvious, that the whole of the hygiene mentioned under this head, acts by favoring these two states. Let it not be forgotten that the direct action of opium on the intellectual faculty is to disturb it, and to induce that dreamy insane state, so distinguishable among opium eaters.

Formerly there was much discussion in this house about the mode of dealing with patients who get out of bed in the night : but the cases seem to have been grossly exaggerated, as an excuse for instrumental restraint, and thus have latterly been little heard of. Such patients, where there are any, should be placed in an apartment with a fire, and with a boarded floor and bedside carpet (both now universal in this house), and be near the night watch, or have a special attendant.

It should not be forgotten that peculiar states of the system, connected with age, temperament, and disease, require different periods of sleep : and that there may be circumstances in which it would be as improper to attempt to extort it, as it would be to force food upon a patient whose appetite has disappeared in a state of typhus. Here again the resources, and talent, and goodwill of a House Surgeon are put to the test ; and the Physician will bear in mind that a commencement of narcotic treatment too often demands its continuance, and that at an increasing rate, sometimes to the *final ruin* of the patient.

## NOISINESS.

It may be considered a principle in meeting asylum difficulties, that we must habitually refrain from resorting to the first ready and vulgar expedient which will answer the object. In earlier times noise would be remedied by a gag, or perhaps by the more delicate expedient of nauseating medicine ; just as patients, who had exhibited a fit of violence, were manacled and fettered : and, as insomnolent patients are now, in many places, stupified or attempted to be stupified, by narcotics. It is our duty first to consider whether the very inconvenience itself, the noise, may not be a relief, or even in some degree, remedial to the patient ; and it should be considered as an inconvenience, which may be found in ordinary states of



health, and therefore only a complication with insanity. Some individuals are habitually noisy, and there are persons who are habitually declamators, and who find benefit from indulging in the habit. The female sex is popularly considered more prone to this than the male: and, in these institutions, the female side of the house is usually incomparably more noisy than the male side. Children in good health are habitually noisy, and the manner in which this is sometimes repressed, operates upon them most cruelly, both physically and morally. It is not improbable that the tendency is connected with some state of the respiratory system, which attempts a relief in this manner; and it is not improbable that nature may use it for the purpose of some necessary acceleration of the circulation through the lungs, required for growth in young persons; required on the females' side of the house to compensate for their more sedentary habits, just as birds are placed in very small cages to force their song; and it is notorious that the artificially accelerated circulation of drunkenness exhibits itself in the same phenomenon. It is possible, as in the case of pain, that nature may, in some cases, intend the phenomenon for some purpose of counteraction. From these data it may be distinctly concluded that we must not by any artificial process of repression, attempt to prevent noise either by day or night; and even may distinctly conclude that an asylum, which exhibits the quiet of the grave, indicates intimidation or cruelty, though superficial persons may express their admiration of an asylum in which it appears.

In the next place we might fairly conclude that the freest exercise in the open air which the weather and the circumstances of the patient will allow, must be attended to. But, in an asylum, the case of the other patients, as affected thereby, must be considered; and it is unquestionable that loud noises in the night are extremely offensive and injurious. This must be met, as far as possible, by placing the noisy patients in the remotest parts of the building during the night, and in a quarter as far removed from the dormitories as circumstances will allow. The position of the windows and the possible reverberation of sound from other buildings, should not be overlooked; and an ingenious House Surgeon will ascertain how far carpetted floors or other contrivances, will mitigate the extension of sound from the apartments of such patients: and how far additional doors in the passages, properly listed, may tend to the same effect. It is also obvious that, besides abundant exercise,



the absence of sedentary employments and proper attention to diet, especially towards evening, will assist their own inclination to sleep ; and happily the noise of others as little affects each, as the noise of a large school room affects the children who are studying in it.

Under the system of restrictive classification great trouble has been incurred upon this point, and the noisy have generally been set apart during the day time as a class. When this system was rigidly maintained in this house, it was found, as mentioned in one of the reports, that the use of very thick glass in the sash doors, inserted for the purpose of inspection and to prevent breakage, was found to deaden the noise and absorb the vibration in a manner which it is not here attempted to explain. But under the system of the mitigated severity of classification now in use, the inconvenience of noise in the day time is little felt, and very little regarded. The patients here are never employed upon any manufacture, and, when the weather will permit, are usually out of doors. There the high-sounding bluster, and occasional shouts, or declamations, are not any inconvenience whatsoever, but on the contrary give a sort of animation and variety to a confinement, too often one of deadly monotony and ennui, and always so in courts of a size limited by an impolitic scheme of classification.—Within doors the same remark pretty nearly applies. It might indeed be a serious inconvenience to be confined in a single apartment with such persons, but the affair assumes a totally different character under the new arrangements. A great number of apartments passing into each other, is now open to the patients, and through which they are perpetually moving at pleasure from one room to another ; thus, themselves supplying a perpetual change of scene, and enabling any patient to remove himself from any other patient, to whom or to whose noise he may form any real or fanciful objection. The great gallery, with its dancing and music particularly in wet weather, is a very animated scene, and not always very silent ; and yet there are few of the patients who do not prefer to resort to it. A great principle of management lies in not directing the attention of the patient to the inconvenience which his insanity creates, and, on that account, if the noise should happen to arise from some insane delusion, it must not seem to attract any notice whatever. Again and again, let strangers who visit an asylum, have the utmost suspicion of any appearance of discipline, or dulness, or any want of visible care, and any want of the aspect of home in the occupants, their attendants,

and apartments. If we enter a nursery we expect it to be airy and clean, and the children to be clean; but that nursery is badly managed from which we never hear any noise, and in which we never see the playthings scattered about in some disorder.

### BREAKAGE.

A propensity to mischievous tricks and destruction of property may be complicated with insanity. The inclination is not confined to the insane, it is notoriously common amongst young people generally; and history attests the delight which an uneducated rabble feels, on finding any excuse whatsoever, for destroying a building, breaking glass or ornaments, or burning public property. The police of our towns is constantly annoyed by the night mischief of youths, who may be very silly, but who cannot be considered insane. Among the insane this propensity often exists, but, under judicious management, only in a small proportion, and principally in the female sex. This taste has been a source of much cruelty towards the insane, and often the avowed excuse for instrumental restraint. The principles on which the difficulty is to be met, are various: the means of mischief are not to be unnecessarily put in the way. The breakage of windows seems to have been a leading grievance, but is now greatly diminished by the use of thick glass in the doors sashed for inspection, and in other places most exposed. It is found by experience that thick glass requires too much trouble to break it, and the attempt is soon desisted from. Again, the subject must not be forced on the mind of the patient, by continuing to be presented to the patient's sight. Broken windows, broken furniture, and other articles should be immediately repaired or removed; and it is notorious that this is the only successful mode of meeting the mischievous tricks of fence breakers, and other foolish or ill-disposed persons. Again, care must be taken that patients do not consider themselves as having attained any object of victory, or created a sensation, or produced any striking impression upon the persons about them; or be considered as having exercised any peculiar skill or ingenuity in evading or counteracting any contrivance; for these are very generally great objects of ambition and meditation with the insane. No excitement or anger should be shown, and but little notice taken of the



matter; and, with a sort of affected indifference, the injury should be amended. It is not found that windows are most frequently broken by *violent* lunatics; they are principally broken by the more sensible, who wish to produce vexation, and create a desire, if possible, for getting rid of themselves out of the establishment. Extraordinary precautions, if visible, produce an inclination to attack; and it has been found that no sensible increase of breakage has occurred since the removal of the wire-guards from the windows. In the same manner when the patients had been compelled to sit only by firelight in the evening, after many ingenious contrivances had been tried to prevent attacks upon the lights, and given up through the trouble of using them, the same lights introduced at last in the usual domestic form, were not meddled with. The instances of windows broken by men are extremely rare; and there are only a very few females who exert themselves in that manner; and there is now an order that every broken pane shall be replaced by thick glass. The taste for breakage amongst the males is principally exercised upon the shrubs, and some seem to have a pleasure in doing this so as to evade observation. It is found however that a very little time produces a habit, amongst the males, of not walking in any forbidden direction, or transgressing any forbidden limit within the grounds, where it is not instituted for the purpose of preventing an escape; and where females can be induced to knit, and walk about with their work, the effect has many mental advantages without the evil of sedentary occupation.

It may be stated that the breakage of an asylum cannot be considered as exceeding that of a school, prison, or other institution in which human beings are congregated.

Some patients have a taste for tearing their clothes, and this occurs almost exclusively among the females. It is easily met by the use of strong dresses made of a sort of ticking, which defies any ordinary effort. The propensity has almost disappeared; for a year or more there was only a single instance; and now there is not any. This tendency, formerly very general, used to be met by the use of a "muff," at a time when in asylums the first direct and coarse expedient that suggested itself, was instantly resorted to.—The propensity to tear bed clothes is more common, and may in fact be referred to a fidgetty wish for employment, such as we sometimes observe exerted by lively horses upon their body clothes. The



vulgar and economical expedient of an opiate or strait waistcoat, would in old times have instantly occurred; but the difficulty is easily met by a strong ticking binding to the blanket, or by a strong ticking case wadded with the torn materials, in instances of more determined perseverance. Of course a sufficient staff of attendants, not distracted by irrelevant duties, nor allowed to form themselves into groups instead of distributing themselves among the patients, will keep any taste for mischief by day within tolerable bounds; and it is found that the propensity lessens shortly after admission. Moreover, the recent disappearance of this tendency during the day time, and continuance during the night, seem to point to the *recent abandonment of a monotonous classification*, acting by day and ceasing by night, as the cause.

## HOMICIDE.

We have heard of certain patients in asylums, actuated by a sort of murderous instinct, perpetually on the watch to assassinate officers or their fellow patients; and these cases have been brought forward with an air of triumph, as justifying the utmost severity of instrumental restraint. This, like the major part of asylum difficulties, is to be considered as a state complicated by insanity. An individual may have naturally a bad disposition, and this disposition may be irritated and increased in an asylum: the pride and conscious dignity of the insane is often very striking: they feel an insult or contempt or outrage most bitterly, and are actuated to an insane revenge. Such tendencies however have not yet displayed themselves in this house; and it is not improbable that the theatrical array of cases which has been produced, would on examination turn out to have been cases of individuals, who have been treated with outrage, or insult, or injudicious severity, aggravated in the mind of the patient to a picture of manacles and cruelty surpassing even the reality, to be avenged under the consciousness of irresponsibility. The plain truth is that, in this as well as other difficulties, instrumental restraint aggravates the evil: and in practice has not always been found a security against the insane acuteness of patients ever on the watch for opportunity.

Again let it be added, as a fundamental principle, that the insane delusion must not be sustained and perpetually held up

before the mind of the patient. Patients of this description are well known to the attendants with any ordinary observation, who therefore, for their own sakes, keep them under a much more careful supervision than would be the case, were an unsafe reliance to be placed upon instruments. Of course mischievous articles will be kept out of such a patient's way; the clothes and the apartments will be periodically searched; and the delusions will be turned into a different channel by out-door exercise, variety of games and occupations, and the change of scene from apartment to apartment opened by a mitigation of the system of seclusive classification, and not now confirmed by monotony of any sort. By the regulations of this house patients do not shave themselves, and knives and forks are not in use.

### REFUSAL OF FOOD.

A disinclination to food, or a refusal, may take place without insanity, and sometimes is an indication of nature against its use. The loss of appetite in fever, and the very small appetite found in some other cases, no medical practitioner would attempt to counteract by the forcible use of food. The disinclination may be based on a mental delusion, but it may be owing to physiological causes. The first attempt of the practitioner should be so to invigorate the system by air and exercise, by attention to the bowels, and by suitable medicine, as may restore the natural appetite. In some cases patients imagine that their food is poisoned, and practical men have usually considered this a very unfavourable symptom in the disease.

It is not, however, always mere imagination, and probably the natural taste of the patient may be in a vitiated condition, requiring some medical attention. It sometimes originates from the most mischievous practice of attempting to deceive patients by mixing medicine with their food, in violation of the great truth that any detection, made by a patient of any attempt whatsoever to deceive him in any way, shatters all confidence in the persons about him, and aggravates that natural tendency to suspicion, so commonly indicative of an unsound mind.

If the patient refuse food through caprice or through some insane delusion, the treatment ceases to be medical, and tests the skill of the House Surgeon. As a basis of the whole proceeding,



the utmost indifference must be affected. The patient must not be induced to think that he creates sensation, or admiration, or wonder by his obstinacy. He should be brought regularly to his meals with the other patients as usual, and no observation made upon his refusing to join them. Tempting articles should be laid about in his way as if by accident, of which he will sometimes partake under an impulse of appetite, or in a fit of absence of mind, or through an impression that he is exercising some of that cunning which the insane delight to display. If at last the patient's health be thought likely to suffer through his delusion, forcible means must be adopted; but they must be used with as much apparent indifference as possible, and in silence, without declamation or exhortation or remonstrance. Formerly the teeth of patients used to be violently forced open for the admission of food, and sometimes dangerous accidents have occurred from the food entering the trachea during the struggle. The late Mr. Bakewell of Spring Vale, invented an instrument, by which the patient could not draw his breath without admitting at the same time fluid nutriment. Mr. Wright, of Nottingham, has lately improved the practice, by passing the fluid nutriment through a wine funnel inserted in one of the nostrils. This practice is found to answer without annoyance to the patient. The cases for its use are but rare, scarcely amounting to one per cent. among the men, and scarcely occurring at all amongst the female patients. The cases in which medicines are refused are not common. Patients usually have a great opinion of medicine; and they much respect a pulse gravely felt, and a tongue gravely inspected; and, in cases really requiring medicine, rarely refuse it. Any marked disinclination to medicine is deferred to as far as possible, and it has never been the practice at this house to consider insanity, specially as such, a subject of special medicines. The frequent and habitual use of medicine violates the hygiene of the house, as it is unquestionable that the habitual use of drugs, whether in an asylum or out of it, is found injurious to the general health, upon the thorough restoration of which the best hopes must ever depend. Mention has been made of institutions in which every patient is made daily to take some pills, or even bread pills, to maintain the habit of taking medicine, and to facilitate its use when really necessary. If medicine is actually required and refused, and the end cannot be obtained by mere modification of diet, the medicine must be introduced in a fluid form, as food is in such



cases administered. There are a few cases requiring opiates, and other agents, in which external applications may easily be adopted to supply the place of other forms of introducing medicine.

### PERVERTED INSTINCT.

The instincts of the human species are frequently perverted without insanity. The strange longings of pregnant females and the strange articles of food taken by females in early life, are notorious, and indicate a sympathy with the uterine system ; which in the latter case is generally obviated by the use of aloetic medicines and iron. In the West Indies dirt eating sometimes arises to a passion among the negroes, and usually terminates fatally, perhaps on account of the propensity being met by arrangements of police rather than by medicine. Sometimes young females, partly from a disordered uterine system, and partly from the silly idea that it improves their complexion, have acquired a habit of chewing tea, coffee, rice, flour, pipe clay, chalk, cinders, and other such articles ; and where such propensities show themselves in an asylum, they should be met by exercise in the open air and other tonic processes. Among the insane, a still deeper shade of perverted appetite is indicated by patients swallowing their own fæces or urine. This must be obviated by keeping such patients perfectly clean, and out of the way of such objects. Such patients should always be supplied with a crust of bread upon which to engage themselves ; and it will be found a proper subject of medical inquiry and practice, whether the taste and smell have not in these cases been suspended, as frequently occurs in a common cold, and as may be expected in the general deadening of the external sensations sometimes exhibited in insanity.

Patients occasionally take a delight in deceiving those about them, by endeavouring to inflict upon themselves some concealed injury, through the use of a nail, or angular stone, or tight ligature, privately applied. This must be met by the careful watchfulness of the attendants upon patients so disposed ; and, singularly enough, it is not detected by any exhibition of pain from the patient, but usually suspected from his triumphant joyousness, or his unusual appearance of repose. Such patients are of course carefully examined on retiring to rest, on rising, and when the above indica-

tions are observed : while the periodic bath is of use in this as in other cases, towards the detection of latent injuries. A similar propensity often occurs without the complication of direct insanity, as exhibited in the self infliction of Hindoo and other fanatics. In insanity, whether complete or partial, or in tendency, there is sometimes a deadening of the external sensibilities, under which a forced sensation, which would be most painful to a sound person, may afford a sort of morbid gratification.

### INDECENCY OF ACTION AND OF LANGUAGE.

The use of violent, abusive, profane, and indecent language, is not confined to the insane, nor is it a proof of insanity, though sometimes complicated with it. The object, in ordinary life, for the use of such expressions is for the purpose of throwing off excitability, giving an appearance of energy and power, or producing a sensation in the hearers. Among educated persons such expletives and modes of conversation are happily deemed a proof of low breeding, and a more quiet self controlled manner is cultivated. Among the insane direct punishment of any kind is out of the question on principle, even though it should seem adequate to its objects. In cases of this kind the patient must not be led to imagine that it produces any impression.

He should not be noticed, and the hearers should affect indifference, or, at the utmost, affect pity. It is a remarkable phenomenon among the insane, that they will very carefully notice and attend to observations made in their presence, when the same observations made directly to themselves, would be unheard or unheeded ; and it might perhaps be worth while to drop, in the hearing of the patient, an occasional remark “ that it is a pity a person otherwise so respectable, should disgrace and lower himself by language not ever used among decent persons.” The propensity is not by any means so common as is usually represented, and it may be broadly stated that the number of male patients who indicate inclinations of sex, cannot exceed three or four per cent. The propensity to foul language is more common among the females, upon the same principle that the females are more noisy, more excitable, and more anxious to produce an impression upon the bystanders by the use of strong expressions. That this propensity is under control, is



proved by its absence on the occasion of the monthly balls; and unquestionably in such a case, any recurrence to it must be followed by instant removal from the company. Out of doors, and in the wide range of apartments open under the mitigation of the system of seclusive classification, little inconvenience is really felt by the inmates from this propensity: though there are instances where a patient, anxious to leave the house, will lay hold of that or any other subject of complaint, which ingenuity can suggest. This point, however, is a sufficient ground for forbidding the mixture of male and female patients in a public institution; though it is quite a mistake to imagine that the smallest injury can arise, from seeing persons of an opposite sex at a distance or even passing through the grounds and wards. It is scarcely necessary to add that medical officers can easily distinguish cases among the females, in which any diseased natural excitement exists; and it is needless to add that the treatment of such cases has not any specific connection with insanity. In former times we heard grievous complaints of a propensity among the patients, indecently to express or expose themselves, and this was one of the standing excuses for the vulgar expedient of instrumental restraint. Amongst the males this is a matter of the very rarest occurrence, and, among the females, seems rather the result of a certain wild unconscious impulse than of any improper motive. It has not been witnessed at all amongst them for some years. Even drawers, and a covering for the chest, neither of which were within the power of the patient to remove, (the ties being composed of short bundles of loose flax, and requiring a knife for their severance) are no longer found necessary. The habit ceased from the inability to exercise the propensity, from the absence of any example of the kind, and from the patient finding that the attempt did not produce an impression, or excite any sensation of irritation among the persons about them. It is the business of the attendants immediately to correct any exposure, so that it may not be suffered to dwell upon the mind of the patient, or the minds of others. Indeed there is strong reason for believing that, in some institutions, ill-disposed attendants who dreaded or disliked the intrusion of the public eye, have set on patients to expose themselves in act and language, in a manner extremely repulsive. Nurses have been suspected of instigating female patients to the use of obscene language; and, in this very establishment, an officer was detected in the act of teaching female

patients to curse and swear for the purpose of producing an unfavourable impression on the expected arrival of official visitors. Where there is a disposition to make an improvement not answer, or to make an abuse necessary, it requires the most stern and determined resolution of the Board to carry forward the improvement; and to this, ill disposed persons, most happily, always will ultimately succumb.

### DEPRESSING HABITS.

The remarks prepared under this head it is not necessary to produce, as they unhappily do not lead to any results of practical benefit.

### IRRETENTION OF THE BLADDER.

This head has usually been confounded with irretention of the bowels, as the title of a class called dirty patients; but the cases are totally different, and in many points requiring distinct management. This irretention is notoriously not confined to the insane, and the contrivances usually practised for obviating the inconvenience, should be studied by the House Surgeon and managers of these institutions.

A distinguished writer states that it may be distinctly connected with the state of the brain, and so far irremediable, except as far as the brain can be restored to a sound state. It may originate in irritability of the bladder arising from irritability of the system, from an hysterical habit, from local irritability of the organ itself, or from sympathy with the kidneys; and, in these cases, the calls upon the attention of the patient are so frequent, that even sane persons have, in time, not given themselves the trouble of attending, and so have lost the command of the organ. This inattention is much more likely to occur in a lunatic, and is quite certain to occur if he be deprived of the use of his hands by a strait waistcoat, or muff, or stuffed gloves. Such a class of cases, more frequent among women from their greater irritability than among men, is more or less within the reach of medicine and the tonic effect of fresh air, hygiene, and regular habits. As the subject is under consideration, it may be as well to state, though not necessarily connected with lunacy, that this infirmity may arise from the organ



never being fully depleted, and yet allowing the surplus to pass off, a state highly dangerous if neglected.

The imperfectly developed functions of infancy, and the exhausted functions of old age or impaired health, tend to this disorder.—A neglected attention to the state of the organ often terminates in this manner, if it do not terminate fatally; and an experienced physician is aware of the necessity of such attention in typhus and similar cases. In the case of the insane the inattention of the patient through diminished sensibility, or absorption of ideas, or insane perverseness, may have the same mischievous tendency; and still more mischief must inevitably attend the use of such instruments as the strait waistcoat, which impede the voluntary attentions of the patient. The attendants of the insane should take care that this action is attended to, on rising in the morning and on retiring at night. The inconvenience divides itself into two cases, in one of which it arises from a loss of power in the sphincter, affecting the patient during the whole of the day, and only to be palliated by the remedial agencies usual in such cases, and the contrivances for mitigating the effects towards the patient and others. The inconvenience during the night is often of a different nature, not always depending on a loss of power in the sphincter, and possibly connected with a morbid mobility, or a suspension of that attention which in some degree governs the functions of the body even during sleep. Nurses have an impression that this occurs among children only in the act of waking, and that it may be met by an instant attention to the motions of the child.—Among the insane peculiar attention should be paid on retiring to rest; and in a watch dormitory, where such a patient is not likely to receive injury from being awaked at midnight, he may be roused for the same purpose; and, in all such cases, a diminished quantity of fluid, especially in the afternoon, obviously suggests itself.—The bedding of such patients may be similar to that used by a patient of the next mentioned class; and perhaps in a few instances it may be sufficient, as in the case of children, to place flannel several times folded, under the loins of the patient. Formerly in this house, (and still in many institutions) it was the custom to allow the wet from the bed to fall on the floor, to pass off from thence by a channel cut in the then stone floors; while, during the day, the patients were seen walking in kilts, or sitting with lime strewed under chairs of restraint. It is surprising how long a simple pre-

caution, most obvious when suggested, will remain unapplied. In this house at present large painted circular tins with a raised border, are placed at night under the beds of these patients, and are easily removed to be daily washed and exposed in the open air.

## IRRETENTION OF THE BOWELS.

This infirmity, though sometimes complicated by insanity, is not peculiar to that state. The inconvenience is sufficiently familiar to nurses, and is sometimes found to extend even beyond the days of early infancy; it is sometimes found to attend the debility of old age, and is occasionally an affliction of middle life, and is known in typhus. Nurses and persons in the habit of dealing with such cases, could no doubt afford useful practical suggestions in the case of the insane, in whom the mind and body often approach to the undeveloped state of early life, or to the debilitated functions of old age. It has been usual in asylums to give way to the evil as hopeless, by constituting such patients into a separate class, dressing the males in females' attire, and allowing the matter to take its course and proceed from bad to worse. In this institution this idea is utterly renounced, nor are such patients allowed to be separated, nor subjected to the neglect, contempt, aversion, and ill treatment which such separation implies. These patients rank with the other patients, and it is made the duty of one of the attendants, who is specially remunerated for the purpose, *immediately* to ~~clean~~ such a patient when necessary; and it is scarcely needful to say that the other attendants are not negligent in calling for his services, as soon as they are required. By this prompt proceeding the respectability of the patient is in some degree maintained, and his mind is not allowed to brood upon the habit, if the habit should in any way be connected with delusion.

This inconvenience has been a fertile source of ill usage towards the insane. It has been considered voluntary, or at least semi-voluntary, and perhaps not in all cases without some reason. Even benevolent men have faintly declared that if there were any case in which severity were justifiable, it would be in cases of this nature; and, partly for the purpose of punishment, the patient has in some establishments been put under a cold shower bath, or made to stand out of doors and be mopped with cold water, even in



the severest weather. In this house such patients are, on each occasion, taken to the warm bath room ; and, when the use of a tub or broad tin is required, they stand upon straw at the bottom of the vessel, and are washed with warm water, *without the use of a mop or any instrument having a handle*. Tub beds and loose straw have been disused in this house, and the mattress upon which the patient sleeps consists of three pieces, each formed of a case of unbleached linen stuffed with straw. The piece which may happen to be soiled is removed, and the case washed in the morning and dried, and replenished with clean dry straw. The patient sleeps in a shirt coming down only to the hips, and has sufficient covering to his bed, which is also washed if soiled ; *and in no case is Mackintosh sheeting placed under such patient*. (These patients must not be confounded with some, who purposely and from a spirit of mischief, dirty their beds, and the walls and floors of their sleeping apartments ; for these there are a few single sleeping rooms having the walls and floors painted, so as to be easily washed).

It is a matter of very serious consideration to examine the origin of the irretention in the general class of such cases. It is certain that a want of regular attention to the bowels, especially in debilitated cases, is a fertile source of this evil. In this house it is part of the hygiene that any irregularity of the bowels shall not be left for discovery to chance, or the altered appearance of the patient ; it is the duty of the attendants specially to ascertain the state of the bowels of each individual patient daily, and to report to the House Surgeon. In the afflicted class of patients a more frequent attention to this point is required, and is especially ordered at bed time. Such patients are not allowed broth as part of their diet : and further improvements will doubtless arise in reference to their diet. If such regularity be so essential, what must be thought of the system of instrumental restraint ? and what must be thought of the use of the strait waistcoat, muff, and gloves, which confine the fingers, and disable the patient from assisting himself—actually compelling him, however reluctantly, to this repulsive mode of relief ? This consequence soon becomes a habit, and has very extensively, among the insane, created, fostered, and maintained an evil depressing deeper and deeper the minds and bodies of these patients ; causing also the aversion of the public eye from their unhappy condition ; and irritating those about them to every species of ill treatment, extending

in its influence to the whole of the inmates. In this house, by systematic attention, the number of such patients has been reduced to a very small amount; and the evil during the night has almost disappeared, partly perhaps from their being placed specially under the night watch.

A loss of power over the sphincter is sometimes found, in advanced life, in connection with a debilitated state of the nervous centre and spinal cord, to which the condition of the insane may often be considered analogous. A milk diet, some use of very minute doses of strychnine in an aperient pill, and tartarised antimony applied to the lower part of the spine, are recommended in a late treatise\* on the diseases of advanced life; and, in the case of children, nurses who imagine that the evil arises amongst the latter from sleeping on the back, attempt to prevent it by similar use of a blister.

The bottoms of the bedsteads used in this house for insensible patients, consist of a wooden frame with a few strong wooden laths across, painted, and easily removable for the purpose of being washed and placed out of doors. The use of iron frames, or drawers, or of what have been called stretchers, is objectionable, all such structures being cumbrous, and not so easily kept sweet as the simple apparatus above described.

## FITS.

Epilepsy and other attacks coming under this head, are, as in cases of other asylum difficulties, to be considered as states complicated by insanity, and to be similarly dealt with. In asylums are found patients subjected to hysteria, faintings, apoplexy, catalepsy, paralysis, epilepsy, &c., complicated with insanity, in some cases produced by an aggravation of such species of attack. It is the business of the Physician to employ all his skill for the remedy of such conditions of the system, as he would in cases of private practice, and, in their removal or mitigation, he will often find the insanity to be mitigated or to disappear. The House Surgeon, on the other hand, will find all the resources of his skill and attention

\* George E. DaVY, M.D.



drawn upon for meeting the immediate difficulties, and for the prevention of accidents : and he will of course instruct the attendants and nurses how to meet such emergencies, receiving from them often in return, invaluable hints suggested to shrewd individuals by experience and practice.

In the case of patients subject to fits, low beds are used, and the crib beds formerly in use have now been wholly discontinued : and such patients sleep in the room in which the night watch sits up, or very near to him.—It has been found that the male epileptics are considerably more numerous than the female. In the case of persons who may be subject to such attacks, the old system of seclusive classification has been retained ; it being found that such cases need special precautions and constant observation not required by the patients at large. They, and they only on the male side, now form a distinct class, and are not placed along with the insensible and violent patients, as was formerly the practice in this house, and is now too often the practice in other institutions. The day apartment of the epileptics (from which other patients are excluded), should exhibit every precaution against sudden accident. There is a fireguard to prevent any accident from the fire ; the edges of all furniture are rounded off, and projections in the apartment should be avoided as much as possible : the floor is boarded (indeed throughout the whole house) ; a piece of cocoa nut matting rolled up, and a leathern pillow, are in the apartment ready for any patient on emergency ; the forms in use in the apartment have backs, and are constructed so that a number of the patients may form a circle round the fire ; a wicker basket having the sides about four inches high, and rather longer than a man's stature, with six handles, has been lately introduced for carrying a patient, who may be seized with a fit in the open grounds, and by this any awkward and improper posture of the head and limbs is avoided. This class of patients is never left without a special attendant in their day room ; and it is worth notice that the goodwill of such patients to assist each other, makes it still more an object to keep them together ; and indeed the exhibition of a fit frequently repeated in an apartment, might possibly prove injurious to patients of a certain temperament.

## CRIPPLED AND BEDRIDDEN.

Patients are sometimes brought into an asylum, completely crippled and having lost the use of their limbs. This must not be considered as always arising from diseases, or paralytic affection : it has too frequently arisen from the state in which the patients have been kept, the confinement of the patient to his bed, or on the floor without a seat, and the consequent indulgence in a habit of crouching in some distorted attitude. In this house low seats have been specially provided for the accommodation of such patients. With due attention to the health and exercise, no such case can well originate in an asylum ; and, in this house, only two cases of that nature are recollected, both brought from a workhouse.

Bedridden patients are found among the insane as well as among persons of sound mind, and require similar attention. Bedridden patients should not be placed in a remote part of the house, but should be of easy access to the attendants, by day as well as by night. Their sleeping apartments should be rather larger than usual, and should have a fireplace, and be accommodated with a fire in cold weather, perhaps before its use by the rest of the patients, and should be altogether on the footing of an infirmary. Very minute attention is required, even in the cleanest establishment, to keep these apartments sweet and airy, where there is not a fireplace. A ventilating slide is essential, and it is sufficiently obvious that any system of warming the sleeping rooms by heated air, is inadequate. These apartments should be occasionally changed, and must be periodically cleaned with special care ; and, on such occasions, the patients must be removed into an adjoining room. When these patients are in any way intelligent, another intelligent patient may amuse himself and amuse them, by reading and his company. The number of patients of this nature has never been large, and every precaution is taken against their increase.

There are patients who no doubt would, if permitted, indulge themselves in the whim of lying in bed all day, and in some places, would be allowed to do so for the mere ease of the establishment in so getting rid of them. Practical men are aware of the very debilitating effects of such a course, and sometimes have to exert a species of compulsion upon their sick patients to sit up, for at least a short time, during the day. In cases of this nature, and indeed



in all cases, precaution must be used against the creation of bed sores; and, to the credit of this establishment, such an evil is of very rare occurrence.—All patients should have their body linen and bed linen changed sufficiently often, and especially those who are confined to their beds. Attention to the cleanliness of the patient, the periodic use of the warm bath, and the periodic examination of their persons, are all preventive. But insanity itself must generally be considered as indicating a bodily state of nervous debility and depression; and it is not unlikely that a great frequency of bed sores may indicate a deficiency of warmth, or want of sufficient animal food, or want of sufficient fresh air, or other privations and agencies tending to depress the vitality of the system and the surface. *Mackintosh sheets* are totally discarded from this house, being considered a fertile source of bed sores, partly through injury to the insensible perspiration, but principally through injury to the surface, so continuing steeped in foul and acrimonious matter.

### SUICIDE.

The wish for suicide, as is the case in the major part of asylum difficulties, may exist without insanity, and should be considered as a complication. Suicides in this house were in former years as common as in other places, but have disappeared\* with the abolition of instrumental restraint. In former times, and in the majority of houses at present, a suicidal patient is usually subject to the severest mechanical restraint: and, in the face of such restraint, suicides occur more frequently than they ought to do in the average population. A fundamental principle has been violated; the patient enters the house under a morbid delusion, and that morbid delusion is kept alive, aggravated, and forcibly and continuously stamped on the morbid mind of the patient by instruments, which never allow him for a moment to divert his mind from the morbid ideas, and the instruments with which he associates them.

Instruments do not answer their end as a precaution, it being impossible that the attendants should not in some way rely upon

\* See Appendix E.

them as a sufficient security, and so neglect that attention which, without instruments, they are compelled to maintain. The suicidal patients are well known to them, and are always under eye, day and night, *resting at night in one of the watch dormitories*. The clothing and apartments of such patients are of course searched, and a similar police kept over them as is usual with homicidal patients. The means of suicide are also, with some care, generally excluded from the house, as the means at hand might sometimes suggest and revive the tendency. The windows through the house do not open to an extent, which would admit the body of a patient; the working ropes of the sash windows are not in sight; the iron window frames\* opening by means of a projection, once so much admired for ventilation, have been removed, as being found instruments of suicide; a slight wooden frame for supporting the canopy of the beds, adopted from the Retreat at York, has been substituted for more dangerous supports; ropes are not employed for the sacking of the bedding; the patients wear stocks instead of neck-kerchiefs, and small instead of large pocket handkerchiefs, and also spring garters; buttons and loops supply the place of braces; zinc wire is used instead of ropes in the drying ground; knives and forks have never been allowed for the patients in this house; no well staircases are accessible to them.

Under this head the rule that the attendants shall not be engaged in any other occupation to divert their attention from the patients, is eminently useful: and every facility is afforded to observation by the use of sash doors and borrowed lights, and by the avoidance of elbows in the galleries, or the allowance of a separate day apartment for any patient whatsoever. All the patients have now the comfort of a tea meal, and the employment of anxiously expecting it; and, on the other hand, the use of *fermented drink*, so improper among excitable, and equally or perhaps more so with patients of a hypochondriacal or suicidal propensity, is withheld. Depressing medicines no sensible person would think of using; and sedentary employments are obviously equally objectionable. Such patients, and indeed all patients, should be studiously protected from fanatical addresses of every description, and should view reli-

\* Out of the *seven* suicides which have occurred in this house, *four* were effected by suspension from the projecting iron frames of the former windows in the single sleeping rooms.



gion solely under the aspect of a quiet, sober, cheerful, and tranquillizing principle, resting upon infinite benevolence, upon unbounded confidence in that benevolence, and exhibiting itself in self control and goodwill to all. Again and again it must be impressed upon the public, that no precautions whatever can enable us safely to dispense with a sufficient number of watchful and sober attendants.

It has been found in this house that many patients, entering with the suicidal tendency, lose it, or at least permit it to be dormant, in a short time after admission. Their entrance places them in a totally new scene, and in new company, in which they are removed from their morbid associations, and from causes of irritation connected with their private affairs, their relatives, neighbours, and position. On entering the asylum the idea of suicide is never alluded to in any way, nor supposed to be suspected: nor is it impressed upon them by restraint, nor have they before them the idea of outwitting exaggerated precautions, which the insane, in the course of years, with insane acuteness will probably sooner or later contrive to counteract and evade. In the new scene they are scarcely allowed to brood over the solitary mischief. The exhilaration of some of the patients, the eccentricities of others, the noise and declamation of some, the variety of rooms, periodically recurring occupations, the games, the dances and violin, never allow stagnation, and force the mind from its absorption. *This movement in the outer world before them*, is peculiarly important to the insane of every description, and scarcely allows time for hallucinations: so that some will actually complain of the want of an opportunity to indulge in it. Though changes may exist in the routine of the establishment, the patients in time become in some degree familiar with them; and it is very striking to observe the much more marked attention, which is paid even to trifles that occur casually, and which they cannot be prepared to expect.—A walk in the country with an attendant, or in the town, or going to church, are changes highly agreeable to them.—The passage of strangers through the grounds and apartments, invariably attracts attention; and, though strangers are forbidden to address them, or make audible remarks in their presence, the appearance of strangers is always looked upon with eager curiosity, and must be considered as an important branch of the amusements of the establishment.

All this is much better than restraint, a violence in itself so harrassing and irritating, as even to suggest the idea of suicide to a sane man so confined even for an inconsiderable period, and sometimes for the slightest offence. But there is strong reason to believe that the suicidal tendency is often a physical condition connected with disorder of the stomach, primæ viæ, and bilious system or other functions; and to this the attention of the Physician must in all cases be acutely directed. In particular, attention must be paid to the state of the colon; and scybala, if any, should be removed by warm water injections not above blood heat, never mixed with irritating substances, and seldom exceeding half a pint. Perhaps a treatment analogous to the treatment of hypochondriasis, will, in many cases, be the most suitable; and certainly an *opiate system* is not suitable. Exercise in the open air, regular bowels kept open by warm aperients, digestible food, regular hours, and other matters of hygiene, are in this, as in other cases, remedial, and might explain how, in a well ordered asylum in which the hygiene is elaborately worked out, difficulties gradually disappear without the possibility of giving any definite reason, and without making the smallest pretence to *any specifics or specific treatment* whatsoever in insanity. More than one instance has occurred of patients destroying themselves after leaving this house, when they have been prematurely removed by their friends on finding the tendency dormant during a protracted residence in the establishment. The hygiene of the house did not allow the action of causes, which came into operation immediately on leaving it.

### SICKNESS.

In a well conducted establishment sickness ought not to be a common occurrence, and it usually indicates and should draw a severe scrutiny towards the details of the hygiene. The principal remedial agency is a thorough renovation of the general health and tone of the system and proper action of the viscera: and, on this account, a low rate of sickness indicates a high remedial agency in the establishment. The question of a separate infirmary



in an asylum, rests upon the state of its hygiene and its numbers. Where the institution is healthy, and where the numbers do not amount to the unmanageable multitudes sometimes constituting the inmates, the best infirmary is the patient's own apartment, with the accommodation suggested in the case of bedridden patients. In one point of view the *watch* dormitories are to be considered a species of night infirmary; but it is obvious that the insanity perhaps of a noisy patient, does not always form the most suitable qualification for a sick ward.

It is a matter of much satisfaction with the board, that the number of sick patients has been remarkably small, and little medicine therefore in demand. The small employment of medicine must not be attributed, as has been unjustly done, to neglect of suitable remedies as far as medicine was applicable to insanity complicated with disease. Insanity may arise from, or be connected with, or be aggravated by, sympathies with various viscera, functions, and structures, or with the state of the circulation; and, in all such cases, suitable remedies have always been carefully sought for and applied in this house, and have always been considered as matters of ordinary medical practice, without being paraded as remedies for insanity because the corporeal derangements happened to be complicated therewith. Where insanity arises from a disordered action of the nervous cerebral mass, or of the nervous systems, the case is very different indeed; and, though in such cases we are certain that attention to the general health and tone is at least safe, it is on the other hand by no means certain that narcotics and stimulants and violent mechanical agencies, may not ultimately aggravate the mischief. The mortality of an asylum is not always a fair test of its practice, as the rate must partly depend upon the class of patients admitted, and partly on the fact of the patient's state on *admission* and *discharge*,—whether they are freely admitted in a dying state, and whether they are not discharged when sinking or paralytic, though then easily manageable, and returnable to die in the bosom of their families.

The rates of sickness rest on the hygiene and general economy, but it would be foreign to the object of this report to enter upon such a field. It is possible that some future board may be induced to systematize, in one or two reports, the experience of this house

upon them; a benefit which each institution is bound to contribute to the general stock, and for the more distinct guidance of the governors themselves and their officers.

The following table exhibits the amount and character of the sickness in this house during the past year.

### CASES OF SICKNESS IN 1848.

Name of Disease.	Number of Cases.	Recovered.	Died.	Remain under Treatment.
Abscess .....	3	3	0	0
Amenorrhœa .....	2	2	0	0
Bronchitis .....	3	3	0	0
Constipation .....	13	12	0	1
Diarrhœa .....	20	20	0	0
Delirium Tremens...	2	2	0	0
Disease of Skin.....	1	1	0	0
Dysentery .....	1	1	0	0
Dyspepsia .....	16	14	0	2
Erysipelas .....	4	4	0	0
Fever .....	7	5	2	0
Hysteria .....	2	2	0	0
Measles .....	1	0	1	0
Ophthalmia .....	1	0	0	1
Paralysis .....	7	0	3	4
Phthisis .....	1	0	1	0
Rheumatism .....	1	1	0	0
Scurvy .....	1	1	0	0
Tabes .....	1	0	1	0
Vertigo .....	1	1	0	0
From Old Age .....	1	0	1	0
Totals.....	89	72	9	8

E. FF. BROMHEAD,

July 30th, 1849.

VICE-PRESIDENT.



## APPENDIX.

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(A.)

### PUBLIC INSPECTION.

During the last session of parliament (1828) two important acts were 1829.  
passed, consolidating the whole of the existing law concerning lunatic  
asylums, and introducing a great variety of improvements for the pre-  
vention of abuses.

When the bills were first brought into parliament, they contained a  
variety of clauses for the visitation and control of public asylums. These  
clauses were dropped in the progress of the bills through parliament; and  
it has been the feeling of the Governors of this institution, that this  
confidence so liberally placed in them by the legislature, should be met  
by every possible exertion on their part to adopt the views of parliament  
as far as applicable. It may indeed be laid down as a principle in human  
nature, which experience will amply confirm, that no institution of this  
sort can be considered safe in its management, where the managers are  
not subject to some eye unconnected with the government of the institu-  
tion itself. The public eye and public opinion have in all cases been  
found the most efficient; and the original rules of this institution, wisely  
and humanely acting upon this principle, court and avow a system of  
public inspection under due regulation. This same principle the  
Governors have now further pursued, by endeavouring to give additional  
facility to the observation of the state of the patients and of the institution,  
by all the respectable classes of society. At the same time they have  
opened a second entrance to the asylum, by which they have prevented  
all persons approaching the house merely on business, from passing con-  
tinually through the very midst of the patients, in their principal exercise  
ground, as heretofore; and have also taken means to prevent strangers  
from addressing the patients, or even making remarks in their presence,  
by placing them under the care of a responsible officer, while passing  
through the wards. Every opportunity is afforded to all who inspect the  
asylum, to record any observations and suggestions they may think proper  
to make; and where, in any case, peculiarity in the disease may im-  
peratively require privacy, the director is fully authorised to prevent  
inspection in such case; under this condition, however, that he is required  
to lay all the circumstances of the case before the proper authorities

without delay, in order to secure from abuse this hazardous though necessary discretion.\*—*Fifth Annual Report of the Lincoln Lunatic Asylum*, 1829, p. 3.

1838. The erroneous prepossessions of society on the subject of insanity, often lead strangers, while unconsciously surrounded by all the worst cases in this Asylum, to inquire where are the furious and violent; and some strangers can with difficulty be induced to believe that the unoffending peaceful persons, amidst whom they are standing, are the very objects of their inquiry and alarm, subjected to no other control than the habitual presence of steady, watchful, and powerful attendants. The popular belief in the ungovernable ferocity of the insane, encouraged by persons more studious of their own ease and enjoyment than that of the patients intrusted to their care, has been very mischievous, and has tended to excuse restraints and other severities, on the assumption of their necessity; whereas in truth it is this very practice, which renders the complaint intractable, and gives to it a character of exacerbation seeming to justify both the prejudice and the treatment. Such prejudices and their consequences can only be corrected, *by opening examples of a milder management to the inspection of society*, which has a deep personal concern in the mild or harsh treatment of a complaint, which may affect *any*, either personally or through relatives and friends.—*Fourteenth Annual Report of the Lincoln Lunatic Asylum*, 1838, p. 6.

1839. Lunatics have not been indebted to an affected or misdirected tenderness, which, while it has guarded them from the supposed inconveniences of the *public eye*, has at the same time deprived them of its protection. Strangers, who inspect asylums for the insane, ought, as a matter of public duty, not to be contented with merely observing the more prominent† arrangements of the buildings and grounds, the work-rooms and modes of employment of a *portion* of the patients, the eccentric habits of others, often of a lively and amusing character; novelties too well calculated to strike the imagination, and divert attention from the far more important examination of the condition of those other inmates, who usually inhabit

\* "A Lunatic Asylum is unlike every other establishment for the care or confinement of human beings, in this respect, that the Patients are wholly incompetent witnesses, and too often that there is no direct mode of detecting any fault in their treatment, but through those who have an interest in concealing it."

13th Report of the Glasgow Asylum, p. 9.

† The following memorandum appeared in the "Strangers' Memorandum Book" at Lincoln, April, 1830—

"On the Continent, as at Aversa near Naples, there is much in the institutions ad captandum vulgus—for instance, at the place above mentioned we find a Theatre considered a necessary appendage, and there are Billiard-rooms, &c., &c. I am not deprecating these, but when I was only allowed to view one-third of the institution, and that in company of ALL the superior Medical Officers, I was inclined to laugh at the baubles which were in full view to attract all eyes. There is no clap-trap in the management of this institution—and from its situation it possesses perhaps greater capabilities than any other in Europe. Sonnestein near Dresden can, in this respect, alone be compared with it.

(Signed) "E. SCHOLFIELD, M.D."



the more retired parts of the premises, perhaps suffering under various modes of restraint, or secluded in cells, or bound down in bed. An inspection of the state of this class of the patients and their accommodation, may be considered as affording the unerring test of sound government, efficient visitation, and good official management. Where *such* inspection is avoided or evaded, reasonable suspicion must be entertained of a laxity in some or all of these departments, however imposing may be the exterior or high the character; and that the Privacy\* professed to be necessary for the patients, is only a plea for concealing negligent superintendence. As the prejudices against Lunatic Asylums, and the grounds for them, have both had their origin and growth under a systematic exclusion of the public eye, so will both disappear under its honest admission. Independent and casual inspection has frequently led to the detection of abuse, where official inspection had failed; habit soon reconciles accustomed eyes. A single inspection of an asylum conducted on wholesome principles, reverses all the preconceived notions of strangers concerning the intractable nature of insanity, and exposes the hollow pleas for severity and concealment.—*Fifteenth Annual Report of the Lincoln Lunatic Asylum*, 1839, p. 5.

Vainly do they boast of the neatness of their halls, and the silence 1841.  
and order of their wards, who have, in some unfathomed corner of the house, miserable creatures sitting strapped in chairs, with their restless hands in heating and constraining leathern muffs. More vainly still, if, as on too good grounds we fear to be the case, they have others in *chains*, and kept in chains for years.—*Brit. and For. Med. Rev.*, Jan. 1840, p. 148  
—*Seventeenth Annual Report of the Lincoln Lunatic Asylum*, 1841, p. 35.

The favorable impression which must be made upon the public, who 1842.  
witness the management of insanity stripped of its former horrors and its terrors, and clothed with the amenities and enjoyments of social life, will, it is to be hoped, lead to an earlier removal of the insane from their own unsuitable habitations; and thereby obviate the enormous waste of life, and health, and property, resulting from the fatal error of *delay* in resorting to well conducted institutions. The great accumulation of incurable patients to be found in most asylums, a lasting burthen on their connections or the public, is mainly attributable to this delay.—*Eighteenth Annual Report of the Lincoln Lunatic Asylum*, 1842, p. 10.

There are various reasons why a lunatic asylum should be situated 1845.  
near to a town. Such proximity is important as regards a ready inspection by the Governors and the public, attention by a staff of non-resident medical Officers, facility of supplies, and convenient access by the patients

\* How strong is the disposition to exclude the public eye, under such circumstances, may be learnt from the fact that when, on a late occasion, a stranger exposed some abuses he had witnessed in the treatment of Idiots confined in an Union House, which, if not unobserved, had become familiar to the Official Visitors, *an order was passed for the future exclusion of strangers from this department.*

to the streets and public places, “a relief to the terrible monotony of years passed by those confined to one building and its grounds, many of them for life.” Moreover the town should be large enough to exercise a moral control over the management of the institution, and to be independent of the influence arising from the official expenditure of a large establishment. In the Lincoln asylum, every board, every document, and the institution itself, are always open to each individual Governor: and any stranger may, at the pleasure of any Governor, inspect every part of the establishment and the personal condition of the patients: an openness of management which has established public confidence upon the basis of ocular conviction, under extraordinary efforts made to shake it; and has given rise to many important improvements.—*Twenty-first Annual Report of the Lincoln Lunatic Asylum*, 1845, p. 7.

1846. The Parliamentary Report of the Commissioners in Lunacy, published in 1844, painfully exhibits the tardy operation and the inefficiency of any inspection towards preventing or correcting abuses in Lunatic Asylums where *Public Inspection* is withheld; every instance of which is virtually an inspection of the managers, and even of the official visitors themselves; and which will ever be most impeded and most loudly condemned, where most it may happen to be needed. Happily this great safeguard of the insane, and true source of public confidence, has been long in active operation at the Lincoln Asylum; keeping the whole establishment on the alert, and in a condition to meet the public eye, (in which the officers feel a pride), and to acquire a character for cleanliness, order, kindness, and courtesy; enforcing a more frequent circuit of the officers among the patients and attendants; and mitigating the monotony of the house. Strangers however are, on such occasions, forbidden to communicate with the patients, or to do more than see their external condition and accommodations. Mr. Farr observes,—“The words of the talented Samuel Tuke on this subject are golden”—*viz.*—“*I believe that I am not too sanguine when I say, that for one evil arising from accidental visitation, ninety-nine will be prevented. The evils of visitation are speculative bugbears, to which practical men have too often found it convenient to give the character of reality.*”

Through the patient’s balls, and casual visits, the public are familiar with this house and its economy: and it is gratifying to add that, in the month of August last, it was visited by upwards of three hundred strangers, of the same mixed station in life as the patients; and that no complaints were heard of.

The Governors of the York asylum, prior to the year 1815, blindly confiding in the high character of their officers and the vigilance of the official visitors, excluded *public inspection*, denied the existence of abuse, and resisted inquiry; until the *public*, in self-defence, burst open the doors of the institution, and discovered a hideous mass of cruelty, iniquity, and infamy; the suppression of which has laid the foundation of a series of



checks upon the conductors of such institutions, which, maintained under the public eye, will doubtless prevent a recurrence of similar scenes in any public asylum hereafter ; and which have produced at York effects so honorable to the institution itself.

By the rules and orders of the Lincoln asylum ;

No patients can be admitted on any terms however liberal, where the friends show a disposition to impede the inspection necessary for the prevention of abuses.

Persons wishing to visit the asylum, may be personally introduced by one of the Physicians, Surgeons, or Governors, or by the written order of a Governor ; and the House Surgeon may admit any respectable non-resident of Lincoln to see the establishment, without a special order.

The Ordinary Board may exclude any individual visitant, by a special order on their minutes.

Visitants shall in all cases be accompanied by a Physician, or the House Surgeon, or Matron ; and shall be cautioned not to address the patients, or make any audible remark in their presence, without express permission : and on every such occasion, where any peculiar circumstance makes it necessary that a patient shall be secluded [from observation], the House Surgeon shall enter the circumstance, as a remarkable occurrence, with his reasons, in his journal.

Whenever any patient shall keep his bed in the day time, a ticket noting the circumstance and the reason, shall be hung up over the door.

A " Strangers' Memorandum Book " shall lie on the table in the principal entrance, and the names and address of all visitants, with the name of the person introducing them, shall be entered. A plan of the building shall be there hung up, *so that no part can be concealed* ; and visitants shall be requested to write in the book, before the entry of their names, any improvement which they can suggest, or any abuses they may observe, or any incivility and want of attention to themselves, *and especially any impediment to the full and free inspection of the asylum.*

Some instances of the horrifying scenes of neglect and abuse, disclosed in the " Commissioners' Report (1844)," as having come under their observation in asylums *not open to public inspection*, will be found at pages 39, 53, 56, 60, of the said Report.—*Twenty-second Annual Report of the Lincoln Lunatic Asylum, 1846, p. 12.*

The number of patients in the asylum at the present time, amounts 1847. to one hundred and forty, being considerably more than the Governors originally contemplated to admit, and including a more than usual proportion of a superior rank.

The Boards have felt satisfaction in observing this, among many others, as a decided mark of the continued, and indeed increasing, confidence in the system pursued ; a confidence based on the *publicity and openness of the Institution*, even in the minutiae of its proceedings.—*Twenty-third Annual Report of the Lincoln Lunatic Asylum, 1847, p. 3.*

## (B.)

## INSTRUMENTAL RESTRAINT.

1829. The Governors have particularly directed their views to the subject of coercion and restraints, well aware of their injurious consequences to the patients, and seeing from the late Parliamentary investigations on these points, the deplorable results which caprice, tyranny, negligence, and above all a wish to avoid necessary attention and trouble, have elsewhere produced. In order to ascertain the number and condition of the instruments in use for these purposes, instead of being dispersed in all parts of the house under the control of the inferior keepers as heretofore, they are now collected in a single apartment, accessible at once, and open to inspection at any moment. In the next place, the Governors have adopted a Register universally used in the Scotch Asylums, wherein the Director is bound to enter the nature of every instance of restraint, and the time of its continuance, during the night as well as the day. And lastly, the construction of the instruments in use having also been carefully examined, they have destroyed a considerable proportion of those that were not of the most improved and least irritating description, and hope hereafter to introduce still further amelioration into this department.—*Fifth Annual Report of the Lincoln Lunatic Asylum*, 1829, p. 5.
1831. Heretofore it was conceived that the only intention of a receptacle for the Insane, was the safe custody of the unhappy objects, by any means however harsh and severe. These views are now passing away, and the fair measure of a superintendent's ability in the treatment of such patients, will be found in the small number of restraints which are imposed. The new Director\* has answered this test in a very satisfactory manner.†—*Seventh Annual Report of the Lincoln Lunatic Asylum*, 1831, p. 2.
1832. The Register of Restraints shows a continued diminution in their number. Strangers who derive their notions of an asylum from the colored pictures of imaginative writers, or from ill-conducted establishments where severity is made to supersede vigilance and attention, are surprised at the freedom, repose, and cheerfulness, which appear through the whole house. The boards have kept steadily in view the nature of the restraints employed, and have great pleasure in having been able to destroy several instruments of a coarse and harsh construction, which an exaggerated caution had originally provided, and which experience has proved to be unnecessary.—*Eighth Annual Report of the Lincoln Lunatic Asylum*, 1832, p. 5.

\* Mr. Marston.

† As early as the 24th day of November last there was not any patient in the house, out of forty-eight, under restraint, unless one wearing a collar, which leaves all the limbs quite at liberty, can be so considered. This gratifying occurrence has taken place more than once since that time.



It is unceasingly an object in this institution, and should form a prominent point in the annual reports, to dispense with or improve as much as possible the instruments of restraint. Nothing is more easy than to multiply ingenious inventions fully effectual for the direct purpose of confinement, but injurious as encouraging the system itself; it has here, on the contrary, been the design to diminish the number of these instruments, and to simplify the construction, where vigilance and attention cannot wholly supply their place. Many restraints and privations, to the appearance of which custom has reconciled the Governors of receptacles for the insane, as mere matters of course or of unavoidable necessity, might generally be traced to the principle of saving trouble to the attendants; while the plausible ingenuity frequently displayed in obtaining that end, has been suffered to disguise its cruelty and injurious effects, and has contributed in no small degree to the popular delusion which prevails respecting the difficulty and “mystery” of managing the insane. According to the usage of this establishment the instruments superseded have always been wholly removed from the premises. 1833.

The propensity of some patients to destroy their wearing apparel has been found a great inconvenience in all asylums, and has introduced the use of the “muff,” an instrument open to some of the worst objections against the strait waistcoat; but now nearly superseded in the Lincoln asylum, by adopting for such persons a dress which is not torn without great difficulty.—*Ninth Annual Report of the Lincoln Lunatic Asylum*, 1833, p. 4, 5.

It has long been considered an object in this institution, not to attempt, either on the ground of economy or of profitable speculation, the production of any of the articles consumed. All such speculations, even if successful, must have the effect of occupying the time and attention of the Officers and Servants, and of adding a complexity to the management inconsistent with that close and unremitting observation, which an assemblage of insane persons, irresponsible for their conduct towards themselves or others, must constantly require: nor could even the employment, which might possibly be afforded to a portion of the patients from this source, be a counter-balance for the danger of neglecting the remainder. The experience of this asylum has shown, that not more than a very few of the patients can be depended upon for the regular performance of even the simplest operations, such as digging, raking the borders of the shrubberies, rolling the walks, weeding, gathering stones, pumping water, helping in the house, needlework, &c., except under a superintendence which would preclude all pretensions to economy or profit, if hired for the purpose, or otherwise would leave patients unguarded, or safe only by personal restraint. 1834.

By a recent regulation the use of fermented liquor, as part of the regular diet, has been discontinued, except under medical order; while the diet table has in other respects been enlarged.—*Tenth Annual Report of the Lincoln Lunatic Asylum*, 1834, p. 4, 6.

1835. The best effects have been found to follow the discontinuance of fermented drink by the patients: and the disturbances, formerly not uncommon after dinner, have now disappeared.

By the introduction of sash doors throughout the whole of the galleries, the cheerfulness of their appearance has been remarkably increased; while the conduct of the attendants, and their demeanour towards those under their care, can be readily observed at all times. Frequent observation, the principal duty of the House Surgeon (disengaged for the purpose from the offices of secretary and accountant), will be greatly facilitated: and the Governors will be enabled to feel entire confidence in the proper treatment of the patients. The opportunities of neglect and harshness behind close and closed doors amidst incompetent witnesses, must be so unlimited, that every obstruction of observation may be considered as an exposure of these institutions to the risk of such consequences.

Every instrument, which could confine the fingers themselves, has been entirely discarded, for reasons founded upon a distinction between restraints which render a patient harmless, and those which would render him unable to employ the remains of his reason to assist himself on proper occasions. The present suffering and future ill consequences resulting from the neglect of this distinction, have been forcibly depicted in the evidence\* given by Mr. John Haslam, apothecary for more than twenty years at Bethlem, during an examination upon this subject before a Committee of the House of Commons.—The number of instances of restraint has continued further to diminish in a striking manner, as will appear by an abstract from the report of the Weekly Visitor, *August 10, 1834*, who observes “That he has much gratification in being able to state that not a single male patient has been under restraint since the 16th day of July, and not one female patient since the 1st of August,” up to the above date.—*Eleventh Annual Report of the Lincoln Lunatic Asylum, 1835, p. 4, 5.*

1836. The additional building over the north gallery, mentioned in the report of the preceding year, is now finished and in occupation. One part of it has been partitioned off into single sleeping-rooms, and the other

\* QUESTION.—What are the disadvantages you conceive attending on the use of a strait waistcoat?

ANSWER.—The hands are completely confined; if the strait waistcoat be tied tightly, respiration is prevented or impeded, and it is always at the mercy of the keeper how tight he chooses to tie the waistcoat. If the patient be irritated by itching in any part, he is unable to administer the relief by scratching, or if troubled with flies; in hot weather it is a painful incumbrance, and if not changed is liable to absorb a great deal of perspiration, which renders sometimes the skin excoriated. He cannot wipe his nose and he becomes a driveller in consequence; he cannot assist himself on natural occasions, or possess personal cleanliness, as long as the strait waistcoat is applied. Then there is another very curious effect, that has resulted from keeping on the strait waistcoat for a considerable time; the nails are pinched up, and I have seen some instances where patients have been long kept in the strait waistcoat, where the nail has resembled the claw of an animal; so that I can pretty nearly judge, by the look of the hand of a lunatic, if I do not see his face, whether he has been the subject of a strait waistcoat a long while.



part appropriated as a Dormitory under night watch, for patients disposed to injure themselves, or otherwise requiring special vigilance.

Three successive months (excepting one day) have now elapsed without the occurrence of a single instance of restraint in this establishment: and out of thirty-six weeks that the House Surgeon has held his present situation, twenty-five whole weeks (excepting two days) have been passed without any recourse to such means, and even without an instance of confinement to a separate room.—*Twelfth Annual Report of the Lincoln Lunatic Asylum*, 1836, p. 4, 5.

The present House Surgeon has expressed his own belief, founded on 1837. experience in this house, that it may be possible to conduct an institution for the insane, *without having recourse to the employment of any instruments of restraint whatsoever*. He has certainly made a striking advance towards verifying this opinion, by conducting the male (the completed) side of the house, with but a solitary instance of such restraint, either by day or by night, during the course of the sixteen last months, and that applied only for two hours, during his absence; nor is it impossible, when the buildings can be finished, that an example may be offered of an Asylum, in which undivided personal attention towards the patients shall be altogether substituted for the use of instruments.\*

By the degree of approach to this result of sound construction, of management, and of official conduct, ought the excellence of every Public Asylum to be tested. The Governors must not allow their attention to be seduced from this point by the bustle and glare of any operations which may give occasional employment to a portion of the inmates, as in husbandry, the management of cattle, &c., &c., and yet pass over the least sensible and the most helpless, and create an erroneous impression relative to the *general* treatment of the patients. Such operations moreover afford pleas for extravagant expenditure and costly establishment,†

\* Soon after the date of a regulation made in this house (February, 1829) requiring that one of the attendants should sit up with any patient confined in a strait waistcoat during the night, the use of that instrument, previously considered indispensable, *totally* disappeared: even the slight trouble of entering the fact of any restraint was found in the same manner to produce a diminution. Whenever, for any reason, patients are locked up from the rest in the day time, a ticket denoting the circumstance should be hung upon each door; otherwise, under the greatest appearance of frankness and openness to inspection, patients may be suffering all the miseries of confinement and neglect, unseen and unsuspected by the visitor.

† A costly and luxurious scale in the household of any public charity, if suffered to grow up through a want of firmness on the part of the Boards, will produce inevitably a laxity of discipline throughout the house. It necessarily begets indolence, and leads throughout the establishment to the evasion of troublesome duties—to severity as the readiest means of control—to habitual confinement as the safeguard against occasional violence or escape—to injured health and loathsome habits induced by confining the fingers with “muffs,” “sleeves,” “gloves,” and other cruel inventions—to revolting substitutes for the attention due to insensible patients—to entertaining strangers in the house, with its train of mischievous consequences—and to the perpetuation of misrule by discountenancing, under a pretext of injury to the patients, such wholesome and efficient public inspection, as might expose and rectify abuse.

disguised amidst multiplied concerns and complicated accounts, often even under delusive appearances of economy or profit. Ample means of quiet engagement in the *open air* (an essential to recovery) may be provided without investments of capital, or special superintendence, and without creating dependants upon the house, or multiplying the avocations of the officer upon whose vigilant supervision and minute personal attention to the condition of each individual patient, the comfort, health, and mental improvement of the whole must depend.—*Thirteenth Annual Report of the Lincoln Lunatic Asylum, 1837, p. 5, 6.*

1838. There is now an increased confidence that the anticipations of the last year may be fulfilled, and that “an example may be offered of a Public Asylum, in which undivided personal attention towards the patients shall be altogether substituted for the use of instruments of restraint.” The bold conception of pushing the mitigation of restraint to the extent of actually and formally abolishing the practice, mentioned in the last report as due to Mr. Hill, the House Surgeon, seems to be justified by the following abstract of a Statistical Table,\* showing the rapid advance of the abatement of restraints in this Asylum, under an improved construction of the building, night watching, and attentive supervision. We may venture to affirm, that this is the first frank statement of the common practice of restraints, hitherto laid before a British public.

*Number of the Patients Restrained or Secluded, and of the Instances and Hours of Restraint or Seclusion, in eight successive years and nine months, as extracted from the “Register of Restraints” established March 16th, 1829, on the plan required by Law in Scotland.*

Year.	Total number of Patients in the House.	Total number of Patients restrained, or secluded.	Total number of Instances of restraint, or seclusion.	Total number of Hours passed under restraint, or seclusion.
1829	72	39	1727	20,323
1830	92	54	2364	25,458
1831	70	40	1002	13,229
1832	81	55	1401	15,962
1833	87	44	1109	11,992
1834	109	45	647	6,699
1835	108	28	323	2,450
1836	115	12	30	334
1837	130	2	3	28

This striking progress of amelioration affords good encouragement for persevering in a system so successfully commenced ; and the more so, as a

\* This Table was prepared by Mr. Hill, who, since his appointment in July, 1835, has, on this as well as every other occasion, faithfully and unsparingly exerted himself to serve the interests of the institution. It is in the power of an unwilling officer to make any improvements fail in practice.



corresponding decrease of violence, accidents, and revolting habits, has accompanied the change. Under any system whatsoever violence must be expected occasionally to exhibit itself, and produce its effects, in a lunatic asylum; but the comparative rarity of such collisions in this asylum since the alteration of the building, the discontinuance of fermented drink, and an habitual presence of attendants in lieu of restraints, has shown that coercion may be safely dispensed with. On the same principle it has been observed, that the number of escapes and outrages in prisons has materially diminished, since the time that the legislature forbade the ordinary use of irons. There is little doubt that the constraint upon free motion, so commonly employed in violation of a relief called for and indicated by nature under a redundant excitability, must be as distressing and injurious to the insane, as would be a systematic suppression of the noisy mobility of childhood. The mischievous ingenuity sometimes exhibited in instruments of restraint, tends to mislead the feelings of the public, who ought to keep steadily in view that, without any exception, *every* invention (such as the chair of restraint, &c.) must impede motion and the proper action of the system, must irritate the patient, encourage loathsome habits, and discourage all tendency to self control. The very principle of such bodily coercion is unsound and unphilosophical.—*Fourteenth Annual Report of the Lincoln Lunatic Asylum*, 1838, p. 4, 6.

It will be gratifying to the Governors of this institution to know that 1839. the improvements, which have been effected in the construction and arrangements of the house and grounds, have been followed not only by an extraordinary amelioration of the treatment and condition of the patients, but also by a cessation of suicidal and other fatal accidents,\* and by an increased proportion of recoveries effected in a reduced space of time; objects of deep importance in a humane point of view, and (as Mr. Farr justly remarks) also as a matter of economy.

Of the great extent to which the general condition of the patients has been ameliorated, some judgment may be formed from a review of its early state. Then might be seen (amidst the quiet and convalescent patients), some in strait waistcoats, or wearing padded iron collars, heavy cumbrous leathern muffs, belts with manacles, solid iron wrist-locks, jointed iron leg-locks or hobbles,—or in dresses inappropriate to their sex, to accommodate habits, which the use of *instruments confining the fingers* had too often induced; while others were sitting locked in massive chairs with lime strewed underneath, or were secluded in solitary cells;—and these cruel substitutes for a steady system of watchfulness, but a prelude to the still greater miseries of nights to be spent under the same wretched system of restraints, painfully sacrificing the freedom and ease of the patients to the leisure, or misemployment, or inadequate number of the

\* A late trial at York, concerning a fatal rencontre between two lunatic patients confined in an asylum, *both under personal restraint*, proves that restraints are not of themselves a sufficient protection even against the worst effects of mutual violence.

attendants. Such treatment has gradually given way, as a slowly acquired experience of the tractability of the insane under a milder management, gave confidence and courage. At last severity of every kind has disappeared, through the zealous co-operation of the present House Surgeon, who, by an honest and determined application of the means placed at his disposal, has carried out the system of mitigation to the un hoped for result of an ACTUAL ABOLITION\* of the practice of personal restraint; not any instance of which has now occurred for a period of more than *twenty-three* successive months.—*Fifteenth Annual Report of the Lincoln Lunatic Asylum*, 1839, p. 3.

1840. Very nearly five years have now elapsed without a single instance of suicide; while, in the preceding years, no less than seven instances had occurred, viz., four (in the day time) between August 1821 and April 1833, inclusive, and three (in the night time) between July 1834 and May 1835, inclusive.—*Sixteenth Annual Report of the Lincoln Lunatic Asylum*, 1840, p. 4.

1841. The Question of Non-restraint in the treatment of the Insane has become so prominent, that it may well form the leading feature in the present report. Very fortunately for this deeply interesting question, the matter has been discussed in this institution with a degree of earnestness, which has brought many new facts and principles to light. Some of these appear on the face of the resolutions of a General Quarterly Board held in July, 1840, and some others are expressed in “Memoranda” entered on the books of the house, by the late House Surgeon, Mr. R. G. Hill. The annual reports show the progress of the system in this house.

“*Extracts from the Memoranda referred to.*”

“It is quite obvious that when powerful patients of strong passions are not tied up, the attendants will be incomparably more likely to treat them with respect and forbearance, and to avoid irritating them;—and the records of this very house show, that the proved cases of abuse have, with the most rare exceptions, been against harmless† patients, whom the attendants despise, and who irritate those about them by persevering, as such patients do, in some annoying, irritating, dirty, or troublesome habit.

“It must require some dignity of mind and superior moral feeling,

\* In order to become *personally* assured of the effect produced upon the disorderly patients, by the substitution of a system of watchfulness instead of restraints, the House Surgeon spent three hours daily for thirty-eight out of forty successive days in the months of March and April of the present year, among these particular patients and their attendants: and had the satisfaction to witness good order preserved, without either violence or intimidation on the part of the latter, throughout the whole period.

† “(*Extract from House Surgeon’s Journal, July 1, 1839.*)

“It is an extraordinary and curious fact, that the whole of the attendants who have been discharged, within my own knowledge, for violence towards the patients, have so misconducted themselves towards insensible and inoffensive patients, and not towards those of a violent character.”



in an uneducated person, to enter into the idea that moral control should, with some little addition of trouble to themselves, supersede the ready, handy, and direct recourse to brute force and mechanical power, which they had previously used.

“Allusion is made to a case in which the house porter was called in, and a patient most brutally used in order to put on the instruments; and I will venture to say that this single scene exhibits more violence, outrage, and excitement, than the whole of the interference for keeping patients quiet during the course of the three last years. The following is the account of the House Surgeon, my predecessor in office, and I have subjoined to it a case of my own, when, the efficient nurses having left the house, I was left without an alternative.”

“(Extract from the *Journal of Mr. Hadwen, House Surgeon.*)

“1834, *May* 18.—W. C. was seized about two o’clock with a most furious paroxysm, in which he exercised extraordinary violence in attempting to injure the keepers, and prevent them securing him, for which the whole of them, as well as the house porter, were necessary: he was quiet and tractable by bed time.

“*May* 20.—W. C. is tractable, complains of being sore, as well he may: his face also is a little bruised, unavoidably produced in the attempt to secure him.”

“(Extract from my own *Journal, R. G. Hill, House Surgeon.*)

“1840, *April* 9.—Nurse Corston came to my room this morning at half-past nine o’clock, and told me that the kitchen girl was ill in bed, and that she could not remain in the gallery if C. A. was allowed to get up, as, in the event of an outbreak, the other nurses would not dare to give assistance. I directed Corston to place C. A. under restraint. On entering the gallery about five minutes afterwards I found this patient in her bed room, quietly putting on her clothes, and she appeared orderly. The nurses of the front gallery and the charwoman, together with the nurses Corston and Page, were in and about the room, ready to use the instruments of restraint as soon as the patient had finished dressing herself. The charwoman was called away. Everything being ready, the patient was held by two nurses. The belt was then put on loosely. The moment I attempted to secure the wrists a struggle commenced, the wristlocks being seized by the patient and locked, at each attempt I made. The nurses were roughly used, the patient kicking them on their bodies, &c. She attempted to bite them, as well as to tear their clothes, and was with the greatest difficulty prevented doing so. She kicked me several times on the shins, which prevented me securing her hands so quickly as I otherwise would have done. At length she was thrown down and overpowered. One or two nurses holding her by the feet, the others by the arms and body, the wrists were secured, and, the hobbles being applied, she was allowed to get up. She then made such a terrific noise

as to alarm the other patients in the gallery, several of whom continued, for a length of time, to rave about ill usage, and to labour under considerable excitement. I had never before witnessed such a scene, and never should have done if assisted by adequate nurses.\* The patient had a violent paroxysm of rage about twelve o'clock.

“Has it never occurred to the friends of restraint, that every imposition of an instrument is, in itself, an attack and a battle; and do they know so little of the nature of lunacy as to be ignorant that patients, who do not resent that retention and control which prevent their insane acts, do, on the other hand, most keenly resent everything like *aggressive* force. They resent and remember for years, and indeed exaggerate, what they consider the wanton outrage of an aggressive attack. Such they deem compulsion of every kind; and, considering the exalted notions and keen feeling of their own dignity among many lunatics, and more particularly the more excited part of them, we can conceive the rankling and corroding effect of what they consider (and indeed justly) the ruffian outrage of imposing the strait waistcoat or the felon's handcuff.

“Where the mind is not entirely obliterated, I ask any candid person whether a greater outrage is not committed upon the patient's self-respect and his sense of delicacy, in subjecting him to the felon's handcuff and the brute force required to impose it, (it may be a stranger and an inferior) than in rendering him harmless by respectfully interfering between him and his transitory passion, or the effects of feverish delirium, or, to use another analogy, the effects of intoxication, and ceasing the interference as soon as such protection becomes unnecessary, instead of leaving him under the indelible insult of an unnecessary chain. Will not the recollection moreover of the outrage he has suffered, rankle in his heart, and render the perpetrator for ever an object of aversion and distrust.

\* “(*Extract from House Surgeon's Journal, March 29, 1840.*)

“For want of proper attendants I have been obliged to sanction the personal restraint of a female patient, who had previously passed more than two years here, without any such application. The only attendant, who from her height and power had influence over her, is unwell, and has this morning received, in a struggle single-handed with a patient, a tread upon the foot, which temporarily disabled her; the *smaller* attendants in the same gallery not daring to render assistance. This is the only instance of restraint, which has occurred in the house *for more than three successive years*, and need not have happened now, if the non-restraint system could have had fair play. It is to be hoped that a system which is now triumphantly progressing in other similar institutions, will not be allowed to perish in its birth place, strangled by withdrawing the means, which I have always declared to be indispensable for its maintenance. Patients, conscious of their attendants' superiority, do not venture to attack them; and such attendants, confident of the safe issue of any struggle in which they may be engaged, can venture to act wholly on the defensive, without giving way to passion and blows. *Small* attendants, on the contrary, are despised by the patients, who insult, and deride, and strike them. Thus kept in a state of constant alarm and irritation, they are disposed, when attacked, to revenge and defend themselves with blows, until assistance can arrive, or otherwise to run away. The mischief committed under such circumstances, then becomes a plea for restraint. The presence of tall attendants has the same effect in preventing attempts at violence, that high walls have in preventing attempts at escape.”



“The operation of the restraint system takes the constraint of the excited patient from a human being, who will, for his own sake, cease to exert it at the earliest opportunity, or the patient will be removed by his educated superior to a place of seclusion, and places it in the coarse and unrelenting grasp of the iron chain, which would not relax its hold till he died. The attendant is indeed saved all trouble in managing, soothing, and calming the patient: if an accident occurs in imposing the chain, the occasion justifies it—his place becomes a sinecure—he can lounge, play cards, and amuse himself, or, as a superintendant, who acted ten and a half years on the restraint system, observes, he can ‘guttle and guzzle all day long, eat five meals a day, and get drunk,’ while the patient is suffering, and there ends the matter.

“The arguments used in favor of instrumental restraint, are equally cogent against the most valuable improvements in medicine, and would justify the continuation of those dreadful drastic and kill or cure medicines, which have been long exploded by enlightened and humane practitioners, and superseded by others more mild, more safe, more efficient, and more in harmony with the natural habit and physiology of man.

“There seems to be a notion that, in dispensing with instruments of restraint, the attendants are to be perpetually holding\* the patients fast by the limbs, to prevent them from moving about. Such may be the case in a private house, where proper accommodation can seldom exist, and where instrumental restraint may therefore become necessary: whereas, in an asylum, the bodily power of the attendant is employed solely to prevent direct mischief, the patient being otherwise permitted to indulge his whims and dispose of his accumulated irritability. *There is this peculiar benefit in it, that the attendant, for his own convenience, will cease from interference, the first moment that it can be dispensed with.*

“Irritation is perhaps frequently, and perhaps generally, the direct exciting cause of lunacy, and any attempt at cure, which involves a system of irritation, must exaggerate the complaint; and above all that bodily confinement which prevents the patient from getting rid, by the free motion of the limbs, of his accumulated excitability, engendering a state of mind, morose, rancorous, ferocious, and deadly—as was too clearly proved by the frightful scenes of assassination and outrage, which habitually occurred at Bedlam and elsewhere, when restraints of the most dreadful accumulation and power which human ingenuity could devise, were in constant and general use, morning, noon, and night—often for twenty years in succession, or for a whole life. Such cases are

\* “(The following General Order was made June 15, 1840.)

“That the Nurses and Attendants do report to the House Surgeon whenever any patient is held by the hand as much as ten minutes. That the House Surgeon do enter in the Restraint Book each manual detention (though the same is not the instrumental restraint of the rules), which he may direct to be further continued above the said ten minutes, in preference to seclusion.”

From the date of the above order only *one* entry has been required.

now extremely rare, and are always most frequent where coercion is most general and severe. Even within the last two years, of two patients left together, BOTH UNDER RESTRAINT, one was destroyed by the other at the York Asylum."

The Question of Instrumental Restraint has not been agitated at Lincoln only. Several most enlightened and experienced individuals have now given it their public sanction; others have silently adopted the improvement; and there has been almost every where a striking diminution in the use of instruments. It is found by experience, that each diminution makes their use less and less necessary, until at last the humane practitioner is satisfied, that some additional inconvenience is most amply compensated by his having, in their disuse, finally closed the door against a boundless system of abuse, tending perpetually to spring into increased action.

*"Extracts from the British and Foreign Medical Review, January, 1840, p. 148, 153, 157.*

"'Many errors,' observes Mr. Tuke, 'have arisen both in the construction and management of asylums, from an excessive attention to safety; and it has been made an excuse for much improper treatment, and for much vicious neglect on the part of the attendants.' He mentions a visit he made to a house for insane persons, in which security was made a *primary* object; and where he found three of the keepers, in the middle of the day, earnestly employed in playing cards. We think, indeed, that a pretty correct estimate of the general management of a lunatic institution may be made, by observing the number actually under corporeal restraint. It is here as in a regiment; where severe punishments are frequent, the commanding officer will generally be found inefficient.

"In this particular there is apparently no asylum in England which presents so remarkable a model as that of Lincoln. Of all the works that have appeared on the subject of lunatic houses, since the publication of Mr. Tuke's account of the Retreat, there is none which contains matter more deserving of attention than that recently published by Mr. Hill. His lecture is little more than a simple commentary on the resolutions of the board of the management of the Lincoln asylum for twenty years past, during which period, under the superintendence of Dr. Charlesworth, and, latterly, with the vigilant co-operation of Mr. Hill himself, as house surgeon, almost every kind of bodily restraint is stated to have gradually fallen into disuse as superfluous, or worse than superfluous, a mere substitute for watchful care.

"The severity of an asylum," well observes Dr. Charlesworth, "does not, as is supposed, consist in the outrage, blows, and active ill usage occasionally brought to light, and which may be prevented by a superintendent having any claim to humanity or attention, and who has eyes



to see bruises and a voice to ask their origin. Its torturing effect lies in the aching of limbs forcibly detained in one position, especially during the night, forbidding the ease and alleviation of change, with confined irritability for which nature has opened the vent of free motion : monotony, the feeling of oppression, surrounding miasma, contempt, and neglect :— all much more keenly felt than occasional violence, and sometimes prompting fatal acts of revenge or despondency.”

“ *Extract from the Report of the Resident Physician\* at Hanwell,*  
1839, p. 45.

“ The article of treatment in which the resident Physician has thought it expedient to depart the most widely from the previous practice of the asylum has been that, which relates to personal *coercion* or forcible *restraint* of the refractory patients. Without any intention of derogating from the high character acquired by the asylum, it appeared to him that the advantage resulting from the degree of restraint permitted and customary in it, at the period of his appointment, was in no respect proportionable to the frequency of its application ; that the objections to the restraint actually employed were very serious ; and that it was in fact creative of many of the outrages and disorders, to repress which its application was commonly deemed indispensable, and, consequently, directly opposed to the chief design of all treatment, the cure of the disease. The example of the Lincoln asylum, in which no patient has been put in restraint for nearly three years, came also powerfully in aid of an attempt to govern the asylum at Hanwell by mental restraint rather than by physical.”

“ *Extracts from the Second Report of the Resident Physician at Hanwell,*  
1840, p. 44, 45, 46, 54, 59, 91.

“ During the past year, not one instance has occurred, in which the resident physician has thought it advisable to resort to any of the forms of bodily coercion, formerly employed. The use of the strait waistcoat, the muff, the restraint chair, and of every kind of strap and chain designed to restrain muscular motion, was discontinued on the 21st of September, 1839, and has never been resumed. The practice of fastening the epileptics, exceeding 100 in number, by one hand to their bedsteads at night, was gradually put an end to about the same period. After the liberation of some from this nightly restraint, the keepers and nurses, apparently satisfied with the results, discontinued the practice by degrees ; and no inconveniences have followed, calculated to justify a return to it. Some epileptics spring out of bed during the fit : and for these very low beds are used ; and sometimes a second mattress is placed by the side of the bed on the floor. During the day, notwithstanding the most watch-

\* Dr. Conolly.

ful attendance, epileptics are liable to injury by falls, especially those who invariably fall on the face. But alert attendants very much limit these accidents.

“The management of the patients without bodily restraint has been applied to 1008 lunatics; and has been acted upon for more than twelve months; and it has thus far been found practicable to control every variety of case, without any fatal accident, or serious outrage, having occurred. For a time after perfect freedom of action was given to every patient in the asylum, some of those who were not accustomed to this indulgence, abused it by breaking unprotected windows, and by tearing clothes and bedding: but this destruction, which is known to be very great in asylums where restraint is much resorted to, has been much limited by contrivances which baffle the patient, without producing irritation. Even the stuffed gloves mentioned in the Physician’s last report as resorted to in some cases, in which the patients were accustomed to strike others, were found to possess so many of the disadvantages of restraint, that they were discontinued after a short trial. They were chiefly employed on the female side of the house; and the report of the nurses concerning the patients to whom they were applied, as well as those who for the same reason perpetually wore leglocks, is, that they are less combative and dangerous than they were before.

“Any contrivance which diminishes the necessity for vigilance, proves hurtful to the discipline of an asylum. Physical restraints, as they rendered all vigilance nearly superfluous, caused it to fall nearly into disuse; and, in proportion to the reliance placed upon them, innumerable evils of neglect crept in, which cannot exist where restraint is not permitted.

“Under the system of restraints, when a patient became noisy and violent, and particularly when some mischief had been committed by him, it was considered necessary, and it was the usual practice, to overpower him, and to put him in some kind of strait waistcoat. This was done with great difficulty, and with much danger to the attendants. Observation has convinced the resident Physician that this was a useless, and even hurtful mode of management.

“The patients themselves, who now come to us from other asylums, reported ‘violent and dirty,’ sometimes remark, that they could not be otherwise than dirty when they were chained down in a deep bed like a trough. The same patients, being freed from all restraint the moment they arrive at Hanwell, seldom prove dirty, and not always violent.

“One general error, also, seems to pervade the minds of those who most severely condemn the abolition of restraints: they also assume that, if one kind of violence is discontinued, some other kind of violence must be substituted for it. It is scarcely possible to show by words the various means by which difficulties, the mere imagination of which alarms those not familiar with the insane, vanish before the patience, firmness, and ingenuity of officers, who are determined that no difficulties shall be



regarded as hopeless, until every effort has been tried. Those who are really interested in the subject, and anxious to act upon the principle of non-restraint, should be witnesses of the instructive examples presented every day and night in institutions, in which restraint is not resorted to."

*"Extract from the Second Annual Report of the Committee of the Northampton General Lunatic Asylum, 1840, p. 5.*

"When we read the particulars furnished to us in their [the patients'] certificates for admission, we are at first led to apprehend, that nothing can possibly avail for their safety or recovery, but a continuance of those coercive restrictions which have hitherto been deemed indispensable : and the mind recoils with alarm (as from the thought of letting loose so many wild beasts upon society) at the suggestion of liberating the maniacs of either sex, without manacle, without chain, strap, or the strait waistcoat. What then is our astonishment at learning, that, of all this assemblage of lunatics, one individual only, during the eight last months, has been subjected (beyond temporary confinement in his room or the seclusion of a separate airing-ground) to any species of mechanical restraint? That one solitary exception was a new patient, brought into the asylum, January 27, in a state of intoxication, during the absence of the superintendent ; even he was so coerced for one half-hour only, his confinement having been at once withdrawn upon the superintendent's return."

*"Extracts from the Second Annual Report of the Medical Superintendent\* of the Northampton General Lunatic Asylum, 1840, p. 23, 26.*

"If the foregoing cases are admissible as proofs that restraint was unnecessary, as a defence against the dangerous, others equally apposite might be adduced, of its inefficiency as a moral instrument. Where a depraved or perverted will existed, it was experienced that coercion usually rendered it more obdurate ; individuals not unfrequently derided and defied all mechanical agency, its imposition appearing rather to increase and strengthen the exaggerated notions of self-importance in which they indulged : whilst others exerted redoubled energy in the work of destruction, as well to gratify a morbid predilection, as to express their contempt of the means employed to subjugate and control them. These however were reduced to order, and in some instances restored to health ; not by increased restriction, but by its entire removal.

"Nor can it maintain its ground, as a protection of the patient against himself. At a Coroner's inquest, recently held on the body of a lunatic, evidence was brought forward, that 'the waistcoat was put on properly, and secured in the usual manner. Besides, deceased was fastened down to the bed by a species of web strapping :' it being 'usual' however, 'to lock up refractory patients, from ten to twelve hours together ; and

\* Dr. Prichard.

not to visit them during that period, for fear of exciting them ; on unlocking her cell door between six and seven o'clock the next morning, the witness discovered her suspended by the strings of her strait waistcoat.'

"The results of experience, and the authority of others, have alike produced the conviction, that every ascertained emergency in which restraint is resorted to, or in which it *effectually* subserves the end proposed, may be adequately encountered by means more conducive to the patient's happiness and comfort, and equally so to the great object of all treatment ;—his ultimate recovery."—*Seventeenth Annual Report of the Lincoln Lunatic Asylum*, 1841, p. 16, 36, 43, 44, 47, 48, 51, 56, 58.

1842. The most important improvement hitherto made under the last head, has been the abolition of instrumental restraint. In a former report of the Lincoln Asylum, this question was fully entered upon ; and the soundness of the principle may now be considered as so far established, that it need not occupy the same prominent place in the present report. The largest and most eminent public institutions in the kingdom, and several humane and liberally conducted private establishments, have distinctly adopted the principle. In others the practice of non-restraint is actually adopted, while the theory is faintly contested by reference to some extreme and exaggerated cases ; cases which occur only in contest against violent treatment ; cases created by attempts at instrumental suppression, or other violation of the feelings, or any acknowledgement of fear in the attendants.

The increased proportion of recoveries, under the full development of the system of non-restraint, non-seclusion, and exhilarating engagement, in this house, affords gratifying assurance of the soundness of the practice : and the reduced duration, and consequently reduced cost, of the period of treatment, are conclusive as to its economy.—*Eighteenth Annual Report of the Lincoln Lunatic Asylum*, 1842, p. 5, 10.

1843. The avoidance of instrumental restraint, as well as of solitary confinement, still continues ; and a remarkable confirmation of the principle has occurred, from the circumstance of the Board having ordered a register to be kept of every instance of manual detention continued longer than ten minutes. The desperate struggle, which used to occur for inflicting the instruments, might easily extend beyond ten minutes ; and yet only three instances of manual detention to that extent, have been found necessary during twenty-four successive months.—*Nineteenth Annual Report of the Lincoln Lunatic Asylum*, 1843, p. 3.

1844. It ought not to be doubted that under a steady and humane perseverance in watchfulness, employment, amusements, exercise, wholesome and sufficient diet, warm clothing, medical treatment, gentle demeanour, the total absence of severity of every kind, and the free admission of the public eye (not merely to the more pleasing parts of the institution, but also to its more repulsive and forbidding recesses) provisions which would perpetuate the most distressing habits of the insane may be dispensed with. The experienced attendants in the Lincoln Asylum would now not readily



be induced to return to the old system of instrumental restraint and solitary confinement : and happily they have not yet been taught to lean upon substitutes for cleanliness and for a wakeful attention to the preservation of good order.

On account of the general interest felt on the subject of abolishing instrumental restraint, it may be right to add that a continued experience of nearly seven years, has set the question at rest in this asylum : so that the Boards have unanimously rescinded all former rules, which recognised its possible use ; and the few remaining instruments which had, in contemplation of possible emergencies, been allowed to remain under the key of the House Surgeon, have been destroyed or removed from the premises, by a unanimous vote of the General Board. Solitary confinement also has ceased to exist in this house, either as a substitute for restraint, or with any other view : and, as in all cases of manual detention beyond ten minutes, a special record is kept ; and, as only one such case exists in the books during the last year, it appears that a very short exertion of manual detention is required ; much shorter than used to be found necessary for imposing the instruments, against the furious struggles of the patient. The instrument once fixed, was not soon again removed : and, as a security against casualties, the principle is inapplicable, except on the monstrous supposition that every patient who may at any time whatsoever have attempted suicide or become violent, shall always, and on all occasions, be under continued restraint. It would even appear that more acts of violence towards themselves and others took place, during the restraint system, than have occurred under the present mild and precautionary management : and that restraint tends to engender the very ferocity which it is employed to subdue, producing the worst feelings in the patients and attendants towards each other. An experiment has been tried of *registering every case of bruise or accident however trivial*, observed on a periodic examination of the whole person : an attempt perhaps never made elsewhere : and the result has been sufficient to satisfy the Boards, that such circumstances occur little more frequently than among any other collection of individuals of the same class : and much less frequently than under the system of instrumental restraint and solitary confinement.

*Heads of Inquiry, for the use of the Weekly Visitor of the Lincoln Lunatic Asylum.—Extracts from the Rules and Regulations.*

A night watch shall be established on each side of the house, to be taken in turn by the attendants : no attendant shall be allowed to watch more than five hours and a half at a time.

Two attendants shall sleep in each gallery, so that no gallery may be left at night without one attendant, while the other may be on watch.

*The female attendants shall not be employed in sewing, which would prevent them from paying the necessary attention to the patients.*

No officer or servant shall keep in his possession on the premises, any instrument of restraint.

All instruments of restraint used by the friends of patients for bringing them to the asylum, shall be always returned at the time.

Strong dresses of barragon or sacking, shall be provided for patients who would tear their clothes ; and blanket cases, containing the full complement of blankets, for patients who would tear their bedding.

List shoes shall be provided for patients, whom the House Surgeon has reason to suspect would do injury with their feet.

The attendants shall be required to be good-tempered, sober, able-bodied persons : females not under five feet five inches high, males not under five feet nine inches.

No patient who resists, shall be removed from one place to another, without the aid of two attendants.

No forcible means shall be employed in giving food or medicine to any patient, without a special order in the Physician's Journal in each case.

The attendants shall report to the House Surgeon, whenever any patient is held by the hands as much as ten minutes ; and the House Surgeon shall enter in the "Register of Control" each manual detention which he may direct to be further continued above the said ten minutes.

No attendant on pain of dismissal shall strike any patient, except in urgent self-defence ; nor apply any force or privation, without the House Surgeon's order, except on emergency. The attendant shall give instant information to the House Surgeon, for power to continue any privation, and the same shall, in all cases, be as moderate as is consistent with safety.

The person of every patient shall be especially and carefully examined weekly by the House Surgeon and Matron respectively, while bathing, or otherwise while changing their linen ; and marks (if any) found upon their persons, shall be reported in the "Daily Return of the State of the Patients" forthwith to the Board.

Each patient discharged recovered shall be questioned by a deputation from the Board, not only with respect to the treatment of himself or herself, but also as to the treatment of the other patients.

On the decease of a patient, the House Surgeon shall enter the particulars in his journal, and shall certify the immediate apparent cause, to be laid before the succeeding Board, which shall inquire therein.—*Twentieth Annual Report of the Lincoln Lunatic Asylum*, 1844, p. 7, 8, 24, 25, 26.

1846. The patients quickly learn to value, as mere tragic declamation, the violent gesticulations and bluster of each other, often so startling to strangers, and disregard them ; perceiving that they have no signification and are harmless : and the attendants know the same. Nevertheless it has been customary to treat these semblances of a dangerous meaning, as



if they were real, and to suppress them with mechanical restraint or seclusion ; making severity the rule, and increased personal attention the exception.

It has been practically proved, that the surest method of testing an assumed necessity for any privation, is to render its imposition inconvenient, as well to the party imposing it, as to the party on whom it is imposed. The use of the strait waistcoat, for instance, in the night time, which had grown into a common practice, was discovered to be unnecessary, and disappeared from the hour that a regulation was made (after a fatal accident), requiring an attendant to sit up all night with any patient wearing it. And even the slight trouble of entering the fact of any restraint, was found in the same manner to produce a diminution.—Privations and restrictions applied to patients, ought to involve the trouble of incessant orders for renewal, if renewal be necessary ; so that attention may be forced to the matter, and that it may not be left to continue through neglect, or indolence, or mere indisposition to alteration of any kind. Strait waistcoats, solitary cells, dirty or disorderly departments, *will not, from weariness or sympathy, relax their application on the moment when the occasion for it arises.* No agent of repression ought to be allowed, unaccompanied by a special and continuous attendance ; or which merely suspends disorderly behaviour, without at the same time abating the tendency towards it ; or which substitutes a physical for a moral agency.

*Extracts from the Report*

*of the Metropolitan Commissioners in Lunacy, 1844, p. 53, 54, 60, 61.*

“At the asylum at West Auckland, first visited on the 5th of December, 1842, there were 13 males, and 16 females.

“In the small cheerless day room of the males, with only one unglazed window, five men were restrained by leg-locks, called hobbles, and two were wearing, in addition, iron handcuffs and fetters from the wrist to the ankle : *they were all tranquil.* The reason assigned for this coercion was that without it they would escape. One powerful young man, who had broken his fetters, was heavily ironed ; and another was leg-locked and handcuffed, who was under medical treatment, and in a weak state. One woman was leg-locked by day, and chained to her bed at night. Chains were fastened to the floors in many places, and to many of the bedsteads.

“The asylum at Plympton, in Devonshire, was first visited in October, 1842, when ten persons were found under restraint. One of them had been restrained for two months, merely for breaking windows.

“In a day room, in a state of furious mania, was a young woman, who had been delivered of a child five or six weeks previously, confined by a strait waistcoat, and chained by the arm and leg to a bench. Another woman in this ward, in a strait waistcoat, was lying in a hole in the middle of the airing-court, without covering to her head, or anything to shelter her from the broiling sun. Ten curable patients and two idiots

were under the charge of a lunatic, who was himself confined by a chain from the wrist to the ankle, at the arrival of the Commissioners, principally to prevent him from escaping : this chain was soon afterwards taken off at his own request, in order that he might not be seen by the Commissioners, so restrained.

“ There were chains and wrist-locks attached to nine of the beds on the male side, which were constantly used at night, partly to prevent violence, and partly to guard against escape. Four of the female paupers, represented to be subject to violent paroxysms after epilepsy, were ordinarily confined to their beds by chains and wrist-locks.

“ At the third visit to this house, on October 2nd, 1843, three women were found chained by their legs to the benches. One of them, mentioned in the previous report, had, besides the chain to her leg, another chain passing round her waist, to which were fixed, by an iron ring, two hand-locks in which both her hands were confined. Besides this restraint, there were twenty-one patients who were chained to their beds at night : two of these were private patients, and the other were male and female paupers. The three sleeping rooms in the women’s cottage, could not, in the judgment of the Commissioners, have been cleaned for some days : the wooden cribs were filthy, the floor was in holes, and soaked with urine, and in parts covered with straw, and excrement. We can give no other general description of it, than that it was most disgusting and offensive. In a crib, in one of these wretched places, a female private patient, who was cleanly, had been compelled to sleep : she implored us only to remove her to a better part of the house.”—*Twenty-second Annual Report of the Lincoln Lunatic Asylum*, 1846, p. 8, 14, 15, 17, 18, 19.

1848. In a very able report from the Physician\* of the *Maryboro’ District Lunatic Asylum* (1848), the following passage occurs ;

“ I may confidently state, that I cannot attribute any one disadvantage to the expulsion of instruments of restraint from the institution ; while I can positively testify to the marked improvement in the conduct and deportment of the attendants towards the patients, the increased esteem and good will from the patients in return, an amendment in the condition of the most violent, and, above all, a protection, in cases of recovery, from those distressing and humiliating reminiscences, which have, in so many instances, tended to bring asylums for the insane into disrepute, and have excluded so many sufferers from the benefits to be obtained in such establishments, when properly conducted ; but which relatives too often fail in fortitude to seek, in consequence of the unfavourable impressions which are produced by the adoption of unduly coercive measures. Feeling satisfied, however, that an acquaintance with the proper mode of carrying out the practice, is alone required to promote its adoption, I do not deem it necessary for the present to dwell further on the subject.”

\* Dr. Jacob.



It is most unfair that an accident occurring in a struggle with a violent patient, should be brought forward in favor of the use of instruments. It is always implied, in this argument, that the instrument *quietly* applies itself, and that all becomes instantly peace and good order; the public are not told of the furious and desperate struggles of the patient, redoubled by this threatened infliction, and requiring to be met by additional force and violence, from the circumstance of the imposition of an instrument requiring a greater exertion of power than the mere control of the patient; while the violence may, in a most extraordinary case, not last above one or two hours, though the instrument once imposed, after such a difficulty, would not be very willingly removed again. The following picture of a case from the Bethlem Report for 1844, will shew that instrumental restraint rather produces than prevents accidents;—

“A male patient was brought for admission in a very violent and excited state, having, in addition to a strait waistcoat, his arms bound with cords, his wrists secured by a belt, and his legs confined with strong webbing. In extenuation of such severe treatment, his relative, who accompanied him, assured the steward that this treatment was absolutely necessary, ‘as he was very difficult to manage, and that it had even required as many as six men to place him under coercion.’ The first thing done on admission was to release the patient from all restraint; and although, as might be expected, he remained for some days in a highly excited state, so as to require the constant watching of one, and sometimes two attendants, no personal coercion was afterwards used during the whole time he remained under treatment. In a few days symptoms of an inflammatory affection of the chest appeared, from the effects of which, combined with great cerebral excitement, he died in a fortnight after admission. A post mortem examination of the body proved that the breastbone and one rib were fractured; the interior of the chest was also found much affected, in consequence of the irritation which the broken bones produced on the lining membrane; and it can hardly be doubted that these severe injuries occurred in the struggle, which took place when so much restraint was imposed.”

The tendency of the altered system in this house has been, to substitute personal attention and an animating variety of objects, for the heavy monotonous machinery of mere mechanical arrangement, which never can afford any diversion from distempered imaginations, nor protection from the indulgence of dangerous mental propensities and delusions. The impossibility of imposing restraint upon thought must be obviated, by presenting to the mind impressions more powerful or more attractive than its own hallucinations. The result may not always exhibit the unnatural aspect of silence and formal order, so *imposing in the eyes of strangers unacquainted with the sacrifice at which they are produced*, by withholding from mania the natural relief of its own manifestations,† and

† “ \* \* \* not only does physiology point out the danger of suppressing the

from melancholia this incidental recall from morbid delusions to realities. Apparent repose may at any time be easily produced by the *strait waistcoat, the chair of restraint, and the gag, by nauseating doses of antimony, by depletion and depression of the system, or the outrage of the douche, or whirling chair, or by an abuse of narcotics* acting as shop cordials act in the case of irritable and restless children, and as dangerous, in some cases, as their use under the insomnolence of febrile delirium.—*Twenty-fourth Annual Report of the Lincoln Lunatic Asylum, 1848, p. iii, iv, v, ix, x.*

## (C.)

## SOLITARY CONFINEMENT.

1842. Under the same head\* it is now the pleasing duty of the board, to draw the attention of the governors and the public to a kindred improvement, operating on the same principles. The solitary confinement termed the seclusion of the insane, *now no longer exists* in this institution as a means of control. Even under the most peculiar cases it has been found unnecessary, and, it need not be added, when such is the case, found also injurious. Indeed the annals of some institutions have proved, that it stands upon a footing with instrumental restraint, in the extent of abuse to which it may be carried. This great improvement had been actually in practice, even during a period of eighteen months in succession, in this institution: but the present House Surgeon† had the firmness formally to disavow, on principle, seclusion altogether as a means of control. Any previous intervals of disuse no more detract from his claim in this case, than the occasional absence of instrumental restraint can be considered derogating from the formal abolition of instruments in this house. This gentleman's valuable official letters on this matter, are subjoined.

“LINCOLN LUNATIC ASYLUM, *October 25th, 1841.*

“Gentlemen,—In pursuance of my pledge to the Board (Sep. 6th ult.), I beg leave to state that I have, throughout the last six weeks, released C. A. entirely from her state of seclusion; and that I now feel myself competent to her future management without further recourse to such means; her improved general demeanour and increased tractability having proved favorable to this conclusion. The success of the experiment, and the reflections to which the case of this patient has given rise, have impressed me with a conviction that solitary confinement, as a means of control, may be as successfully and usefully dispensed with in this institution, under well disposed and practised attendants and vigilant

manifestations of our impressions, but statistics have repeatedly recorded the fatal results of the attempt.”—*Bulletin de l'Academie, t. xiii. p. 505.*

\* Instrumental Restraint.

† Mr. Smith.



superintendence, as instrumental restraint has already been ; and I have, with the knowledge of the board, commenced the undertaking. I shall continue steadily to watch the proceeding, that I may be enabled to record faithfully the results, for the satisfaction of the board, and having found that more than usual vigilance will, for a time, be indispensable towards securing the co-operation of the attendants, who had (before I had gained confidence to judge for myself) been accustomed to rely upon seclusion, instead of increased attention, in troublesome cases. The answers elicited from the nurses recently examined before the boards touching this point, expose the unsoundness of the practice from which I have departed, to take my stand, I trust, on sounder ground. Lunatic violence, under sudden impulse, must be expected in lunatic asylums, and never can be totally suppressed, except by perpetual restraint, or perpetual seclusion, far more injurious and distressing than an occasional blow under temporary excitement. Moreover the official books exhibit evidence weekly of violent collisions, during the long period of C. A.'s seclusion, and the general employment of this agent, proving its inefficacy as a source of protection.

“ I remain, Gentlemen,

“ Your respectful and obedient Servant,

“ WM. SMITH,

“ *To the Weekly Board of the Governors of the*

“ *House Surgeon.*”

“ *Lincoln Lunatic Asylum.*”

“ LINCOLN LUNATIC ASYLUM, *January 12th, 1842.*

“ Gentlemen,—I feel it to be a duty I owe to the Board, to communicate to them the result of the experiment, which I undertook to make four months since, with regard to the practicability of managing C. A. without a further continuance of solitary confinement ; and I have great pleasure in being able to state that success, even beyond my most sanguine expectations, has attended the attempt. The moral condition of this patient has been gradually improving, ever since her release from seclusion, without a single instance of its repetition ; and, after a few outbreaks in the commencement of the change in her treatment, she has become tractable, good natured, sensible of kindness, conscious of approbation, accompanies her attendant in walks into the country, or on business with the shops in the town, and mixes harmlessly and happily with the other patients, at their monthly tea drinkings and dances. I have also great pleasure in stating further, that my experiment of abolishing altogether solitary confinement in this institution, undertaken at the same period as the experiment with C. A., has proved equally successful ; and the extraordinary improvement, which has followed in the good order of the north galleries, remarked upon both by the official visitors and by strangers, confirms my belief that this practice may be safely, and I trust advantageously introduced into other asylums, as an accompaniment and part

of the humane system of the disuse of instruments; a system now in course of being adopted throughout the kingdom.

“ I remain, Gentlemen,

“ Your respectful and obedient Servant,

“ WM. SMITH,

“ *To the General Board of the Governors of the* “ House Surgeon.”  
“ *Lincoln Lunatic Asylum.*”—

*Eighteenth An. Rep. of the Lincoln Lunatic Asylum, 1842, p. 5, 6, 27, 28.*

1843. On the resignation of the House Surgeon, the Board passed the following resolutions.

*Dec. 5, 1842.—Resolved*, on the motion of Dr. Charlesworth, seconded by Mr. R. G. Hill,

“ That this Board, on the retirement of Mr. William Smith, cannot omit the opportunity of expressing its acknowledgments, for his having conducted the personal management of the patients of this house, without a single instance of personal restraint, and, at one period, under peculiar difficulties, from the want of adequate and experienced attendants.

“ That the best acknowledgments of this Board are due to Mr. William Smith, for his having latterly laid down and adopted in practice, the broad principle, that Solitary Confinement ought to be utterly abolished.”—*Nineteenth Annual Report of the Lincoln Lunatic Asylum, 1843, p. 4.*

## (D.)

### CLASSIFICATION.

1844. On the point of classification, the board makes the distinction between indoor and outdoor classification. Patients requiring distinct departments in the house, may, without inconvenience, associate in the airing grounds, as persons of different stations in life are found to do in a public promenade. On this principle two courts for the disorderly, on each side of the house, were thrown together in 1839, and much improved in airiness and cheerfulness, and a diminution in the crowding of patients. One contains an area of 1528 square yards; the other an area of 1344 square yards. The number of patients in each court rarely exceeds twenty or twenty-four, and each is overlooked by three attendants. In fact, as far as the airing grounds are concerned, little benefit is derived from classification, beyond the separation of the sexes, and the separation of the orderly and disorderly, and the avoidance, in very large asylums, of large crowds of patients:—the latter in itself an evil, and a source of disorder in prisons and all other establishments.

It may be remarked, that much of the difficulty as well as expense of constructing asylums for the insane, has arisen from attempts to meet



every supposed inconvenience, by multiplying divisions and mechanical contrivances, which, when once resorted to, are rarely surrendered: and, when found to be inefficient, are only blamed for not having been still further multiplied. It should be borne in mind, that no general principle is uniformly applicable. Where patients are numerous, wards will, in some degree, be numerous in proportion; and the arrangement of the patients therein will be a matter of experience and convenience, depending upon the peculiar nature of the cases in the house. If similar subdivisions were attempted in an asylum containing only about fifty male patients, the great majority of them incurable, the result would show whole departments unoccupied, or, occupied perhaps by some unfortunate solitary patient and his attendant: and this may be easily demonstrated by a classification on paper. It must be further observed that it may be positively mischievous to recognize certain patients as a class: it is, for instance, the duty of attendants to keep every patient clean; and though patients requiring such special attention, should not be classed with the more orderly and sensible patients, yet there is the greatest danger in setting them wholly apart, in a ward where we are to expect dirt, and where it is implied that sustained efforts for its instant removal are not required. A similar recognition of a bad principle, would for ever have prevented the abolition of instrumental restraint, with patients subject to maniacal excitement.—*Twentieth Annual Report of the Lincoln Lunatic Asylum*, 1844, p. 6, 7.

In the months of June and July of the last year, the attention of the 1846. Board was specially directed, by remarks in the journal of the Physicians, to the mode of treating some of the cases in this institution. It appeared that certain male patients who were disorderly, had been transferred, for occasional ebullitions, from the front parts of the building and grounds to the disorderly department; and there allowed to remain, apart from any improving influences, for months together, although they were highly sensible of the degradation, and gradually becoming sullen and morose.

An inquiry into the circumstances having led to the restoration of these patients to the front parts of the building and grounds, not only without any inconvenient results, but even with great benefit, all the male patients, who belonged to the disorderly department, were shortly afterwards experimentally removed; and, (with the exception of the epileptics) allowed to pass their time with the other patients, according to their respective ranks. Apprehensions were at first entertained as to the practicability of persevering in this change: nevertheless, after more than a year's trial, such apprehensions have proved to be groundless. Not only has it been found unnecessary to replace these patients in the disorderly department, but an unusual animation and cheerfulness have prevailed, and a new aspect has been communicated to the house and premises. The epileptic males, nine or ten in number, are classed together in the upper day room of the north gallery, more accessible to

observation, and better enabled to assist each other, as they are generally disposed to do, under an attack of their complaint.

This change has been in action for more than a year on the male side of the house, but was, for a long period, considered as inapplicable to the female side; the females being usually more irritable, noisy, and unmanageable than the males. An experiment has however been commenced, within the last three months, on the female side also; and with a material mitigation of the disorderly character of that part of the establishment. The whole of the female patients, who belonged to the disorderly department, have been removed from their former day room at the farther end of the north gallery; and, (with the exception of seven or eight of the more intractable), distributed as are the males. The excepted females are classed together in the upper day room of the north gallery, more accessible to observation, and ready for any occasional or permanent change of situation, which an improved demeanour may render admissible: and good hopes are entertained that, when the nurses shall have become more accustomed to the change, few if any of these patients may remain unreclaimed.

The whole of the patients have now (with the preceding exceptions), the advantage of constant access to the more pleasant parts of the building and of the grounds; several male and female attendants, whose time was formerly absorbed by one class of patients, have become available for all: the spacious north galleries used previously for disorderly patients only, now contribute to the general enjoyment, as exercising rooms for active games in wet weather; and the two larger day rooms, which were appropriated to the same description of patients, have been converted into sleeping rooms, much needed for the accommodation of the county and the public.

This institution has worked out as far as possible, the received ideas on the subject of classification; and has, through an abuse of that principle betraying its unsoundness, been led (as previously in the cases of instrumental restraint and solitary confinement), to an extensive relaxation and modification of the principle itself.

The Board very clearly saw, that an out-door classification into a great number of small courts and grounds, was upon an erroneous principle: limiting the range for exercise, and limiting that amusement and variety of scene and person, which gives life to public walks of every description; and which is as unexceptionable in the grounds of an asylum, as amongst the unbounded variety of rank and character appearing together in any public park. The Board first found great benefit from throwing together the smaller courts; leaving only two divisions of airing grounds, on each side of the house. They have since opened a passage between these adjoining grounds, and have thereby added greatly to the enjoyment of the patients, who like to ramble from one place to another, to change occasionally their associations or description of amusements, or to get under the shade of the building in hot weather.



Through an extension of the same principle, the Board have found similar benefits from modifying the received ideas of classification, in the interior of the house. The communications between the different wards of the same rank, were at last (with the preceding exceptions) thrown open, and the patients allowed to range through them at their discretion. This gratified them extremely, producing a feeling of liberty, from the ability of moving at pleasure into a new scene, or out of the way of any associates to whom they might fancy a dislike, or to others whom they might prefer. But though this free intercourse is allowed, the patients are still understood as belonging to different rooms, and take their meals accordingly; nor is the night classification interfered with; patients requiring a night watch being still placed in watch dormitories, and others in night apartments of the ordinary size, according to their rank and other circumstances. There is not any provision made for *single sitting rooms*, such being deemed adverse to recovery, as strengthening by their solitude the hallucinations of the insane.

The great variety of apartments passing into each other, spontaneously breaks the large number of patients into smaller groups; and this division must be an object, as it has been found, both in prisons and asylums, and the mere fact of large numbers in a single apartment, in itself creates a sort of disorder, without any reference to the character or condition of the individuals so congregated. This subdivision of numbers has been the principal benefit hitherto derived in asylums from the ordinary mode of classification. It has been found in practice that, if ever a crowding of the patients formerly took place, it was under the force of the usual classification; and that at present no apartment appears to be crowded, the patients indulging their humour as to the greater or less number with whom they may wish to associate. Many of these benefits would be lost, if the variety and subdivision produced by a diversity of apartments did not exist: and the Board wish to be distinctly understood, as not in any way countenancing the disuse of this variety and diversity.

The rules of this institution prohibit the association of patients of the different sexes: and this part of the classification has not been interfered with; though the Governors may have heard that such association is permitted in some public asylums, at times of public rejoicing, and tea parties, and balls, and in the employment of gardening. Not any attempt has been made in this asylum to prevent the sexes from seeing each other at a distance, any more than in the public streets, or when strangers visit the institution, or when workmen are employed: such restrictions being considered more befitting the treatment of transports, than of persons to whom every safe and practicable privilege in conformity with the usages of ordinary life, should be extended.

A fundamental error has pervaded the whole system of asylum regulation, until a very late period; an error which has tainted legislation in so many other instances—the error of dwelling with intense exclusive-

ness upon extreme cases, and cases of rare occurrence ; and framing the provisions with an exclusive view of them. Thus are sacrificed all liberty, enjoyment, improvement, and the comforts of the ordinary current management, to the consideration of a few strained and exaggerated cases. Walls are raised or spiked, with the gloominess of a prison, and prospect, sun, and air impeded, because a patient has escaped : partition walls similarly raised, on account of the passage of a patient into an adjoining court : windows blocked up, because, once in a quarter of a century, some improper object may have been seen, either by accident or through gross neglect : patients tied up in the most torturing manner for years, on account of an occasional act of violence, which ought to have been provided for by personal attention : patients kept in a state of solitary confinement, or under a harsh monotonous classification, on account of some inconvenience which might occasionally result from greater freedom of intercourse : suicidal patients bound down in bed for weeks together, and the propensity thereby aggravated, merely to save trouble : windows raised so as to prevent all prospect, because some glass has been or may be broken : cells arched at a heavy expense, because a patient has worked his way through the ceiling : the public eye excluded from public institutions, and the discovery of the most atrocious outrages left to accident, under the unfounded plea that inspection is injurious.

The disturbance from noisy patients has either been much diminished, or is, from the absence of concentration, much less felt ; a material diminution appears on the Register\* of accidents, which have in one year been reduced among the males to about one half : and it is remarkable that the disorderly male patients, who, while concentrated, required for their windows the protection of guards, have partaken of the better habits of their new associates, and lost the propensity to break windows : an evidence that better association and its ameliorating accompaniments, may effect what will resist the long continued influence of mortifying privations and restrictions.

It has often been considered that convalescent patients may be thrown back by such association ; but the experience of this institution, under a sufficient number of attendants and sufficient space, has not countenanced that opinion. On the contrary it has been found, that the extravagances of a portion of the patients exert a favorable influence on the others, by relieving the monotony which is, of all other influences, most encouraging to morbid trains of thought and distempered imaginations. It is not excited attention but the want of it, which is so intolerable and so baneful to the insane. A patient has been known to exult in the hope of a fire occurring in the house. Balls attended by nearly all the patients and as

\* A "Register of Accidents" is kept in this institution (and probably in no other), containing entries of every bruise or scratch, however trifling, found upon the patients on a weekly examination of their persons, to be accounted for before the following Board ; and the explanations are recorded.



many visitors, are observed to cheer the patients for weeks before and afterwards. They enjoy being present at a review of yeomanry, or looking upon the races, or mixing in the bustle of a fair. They are delighted to meet the hounds in the hunting field, and occasionally take part in the chase: beagles have been kept and hunted within the walls, and were given up only on account of their baying in the night time. They are highly gratified with bands of music, concerts, plays, shows; and it can scarcely be doubted that such exhilarating recreations, have contributed more to the happiness of the insane, than any degree of enforced stillness could possibly have done.

The Board are aware that the position they have taken on the modification of classification, is of a startling character, and may be met with discountenance, as the abolition of instrumental restraint was formerly. They are aware that in large establishments, or where the day apartments are few or small, or where the staff of attendants is inadequate or their duties are ill defined, such a system may be inapplicable. But this admission furnishes an argument against asylums on too large a scale, or with few or misemployed attendants, rather than against the system itself. The number of day apartments and attendants at the Lincoln asylum, is on a liberal scale: being of the former *one* for *seven*, and of the latter *one* for *eleven* patients: and the proportion of attendants may be considered to be still greater, when the moral influence of their stature, and their strict adherence to the single duty of attending to the patients, are taken into account.

The great principle of making the attendants themselves as comfortable as possible, is insured by this mitigation of their former rigorous seclusion to one ward and court, and one set of patients, and one monotonous melancholy scene. At the same time their nearer approximation to each other, renders their appearance more impressive; their power of combination more instantaneous; the patients and themselves more safe; and the temptation which the remoteness of their former situation from ordinary supervision, offered for neglecting or ill using the patients under the more degrading and helpless forms of the disorder, has disappeared: while the value and efficiency of a head attendant and a head nurse, are materially enhanced.—Lunatics are generally conscious of the lunacy of each other, and do not enter into combinations; so that the open passage of the attendants from one apartment into another, has given increased control and increased supervision over the whole body of the patients.—Thus also are happily suppressed means ever at hand (as were formerly Instrumental Restraint and Solitary Confinement), for disposing of difficulties through privations pressing upon the patients alone, and relieving those whose duty it is to meet such difficulties. Such treatment could readily become a bonus upon disorder; for every outbreak might thus be used as a pretext for relieving officers from the care of troublesome patients.—*Twenty-second Annual Report of the Lincoln Lunatic Asylum*, 1846, p. 4, 5, 6, 7, 9, 10.

1847. The interesting experiment of mitigating the old system of seclusive classification, continues to offer encouraging results. This improvement must be based on an adequate number of efficient attendants; and, on such a basis, it clearly appears largely to increase the facilities of supervision, and the efficiency of the attendants; to diminish the number of accidents and assaults (sensibly reduced lately); and also to give that variety and that stimulated attention, so beneficially substituted for the baleful monotony of separated courts and wards, and the deadening and delusive repose, which they may easily be made to exhibit.

In the interior of the house, the mitigation of the system of seclusive classification (resting, as it ought to do, on a variety of apartments and wards passing into each other, and the maintenance of a distinction of ranks, and separation at meals) has been found quite successful on the male side, on which it has been tried. On the female side seven or eight patients are still separated: but it can scarcely be doubted that further experience will lead to a full extension of the principle, through the whole establishment.

Even on the female side, as respects the refractory patients, the locks have been removed from the doors, and the wire guards from the windows; so that the attendants cannot lean upon such securities to quit the apartments, and leave the patients to themselves; and benefit has been found in the points of supervision and cheerfulness, from opening a borrowed light between these patients and the body at large.

The opportunity of removing from one apartment to another, is found to be a great relief to the *ennui* of confinement: and it might become a subject for consideration, whether benefit would not arise from a periodic change of the wards appointed for different classes of patients in those institutions, which adhere to the system of close and seclusive classification.

Where a disorderly department is retained, it may be questioned whether the distinction should be allowed to exist at the commencement of the day, and whether the removal of such patients into it should not be left to depend, in each individual case, upon their having become actually disorderly in the course of that day.

The improvement of this description of patients ought not, in any instance, to be ceded to any system of convenient routine practice; or on an assumption of their insensibility to a milder treatment, of which the late favourable change in the conduct and demeanour of the disorderly male patients, has so happily proved them to be susceptible.

It is now decidedly established that out-door classification, except the division of the sexes, is founded on a false principle; and the boards feel a strong disposition to remove the only remaining partitions which have been allowed to stand, though the passages through them have been for some time left open: and it is hoped that their removal\* will materially improve the enjoyment of the patients of every description.—*Twenty-third Annual Report of the Lincoln Lunatic Asylum*, 1847, p. 6. 7.

\* [since accomplished]



This\* is not enough; the too sharp subdivision of the patients is a fertile source of abuse, by being an impediment to inspection, and by throwing the patients most likely to be abused, into distinct subdivisions. These are generally selected for their remoteness from the rest, where the patients are necessarily left apart with a limited number of attendants, and where their condition is such, from the very nature of the customary classification, as to make their own testimony utterly valueless. With the exception of epileptic patients and a few of the more violent females, it has been found, at Lincoln, very beneficial to allow the free passage of the patients from apartment to apartment. The operation of this novel principle will be felt, when it is considered that every patient has thus the benefit of every attendant; that the attendants thus keep an eye upon each other; that, on the worst supposition, they cannot all be ill disposed, and must stand in awe of a single well disposed and good natured attendant; to say nothing of the observation of the more rational among the patients, and the instantaneous casual access of the House Surgeon, or chief attendant.—Some sympathy has been expressed for orderly patients, being subjected to see and hear the fantastic freaks and energetic nothings of some of the insane. But it is amusing to observe how little such things are noticed. In one of the female apartments, the other day, two Irish female patients were observed to become suddenly vociferous, in the presence of about twelve other patients, some of whom never lifted their eyes from their needlework, others never moved from their sitting meditation, and some asleep did not awake.—*Twenty-fourth Annual Report of the Lincoln Lunatic Asylum*, 1848, p. ii. 1848.

## (E.)

## SUICIDE.

It would even appear that more acts of violence *towards themselves*† 1844. and others took place, during the restraint system, than have occurred under the present mild and precautionary management: and that restraint tends to engender the very ferocity which it is employed to subdue, producing the worst feelings in the patients and attendants towards each other. An experiment has been tried of registering every case of bruise or accident, however trivial, observed on a periodic examination of the whole person: an attempt perhaps never made elsewhere: and the result has been sufficient to satisfy the Boards, that such circumstances occur little more frequently than among any other collection of individuals of the same class: and much less frequently than under the system of instrumental restraint and solitary confinement.—*Twentieth Annual Report of the Lincoln Lunatic Asylum*, 1844, p. 9.

\* [viz., inspection by means of small windows between room and room]

† Not any suicide has occurred since 1835.

1845. It has been stated in a former report that a beneficent control, not founded on instrumental and mechanical force, produces salutary effects, under which those exaggerated and extreme cases, which formerly existed every where, and which we now occasionally hear of as an excuse for violent treatment, have gradually disappeared. The suicides formerly occurring, or attempted, in this house, are now not heard of: and from some cause not easily explained, the suicidal propensity seems to have disappeared, and to cease very soon after the admission of a patient into the house. This must partly be attributed to great attention on the point of general health, especially in the matter of fresh air and ventilation and diet; as also in the entire disuse of instrumental restraint, solitary confinement, and other depressing agencies; and in the general cheerfulness of the premises, and the open cheerful tone attempted in the whole house. The monthly balls have perhaps contributed to this effect: and it should be added, that the whole of the patients, with the rarest exceptions, are admitted: it appearing that patients on other occasions gross in their conduct and conversation, or even violent, exercise a control over themselves on these evenings, and become more and more orderly at each successive meeting. On the other hand, the company is not scrupulously limited to ladies and gentlemen of superior station, but these parties are very freely accessible to children and respectable individuals, of the same class in life as the patients themselves.—*Twenty-first Annual Report of the Lincoln Lunatic Asylum*, 1845, p. 3.

(F.)

#### NOISINESS.

1845. Innumerable schemes have been resorted to and suggested for obviating the evil;\* such as placing the patients in upper rooms with windows turned away from the house, or with sky-lights, or with hollow walls containing sawdust—all of which have failed in preventing the transmission of sound—which has reverberated as from a focus—or has produced that stifled and muffled noise found to be much more irritating and intolerable than the direct noise. No one in the present day would venture on the proposition to gag a noisy patient: and it may indeed be considered as established, that these patients find some sort of relief to their irritability, in their noise—and in some degree control each other by the exercise: and we would further venture the position, that any inspector who passes through an asylum, and finds all to be order and silence, ought to suspect that some severe and harsh measures have produced this unnatural repose. Accident has in some degree relieved this institution from the difficulty. It is a principle of this house that inspection shall every where be facilitated to the utmost possible extent, by the use of sash doors, which are usually glazed, and also wired when necessary in the noisy wards. The boards

\* [noise]



did not approve the prison-like aspect of the wire, and substituted plate glass about half an inch thick ; which is found to be quite safe, with the additional unexpected result of so deadening the noise, that very little inconvenience is now experienced on that point.—*Twenty-first Annual Report of the Lincoln Lunatic Asylum*, 1845, p. 4.

Practical observers do not admire the formal stillness sometimes met 1846. with in lunatic asylums, and cited by persons imperfectly acquainted with the nature of insanity and the distressing and morbid effects of suppressed excitability, as evidence of a praiseworthy management ; while the absence of it has been cited as an evidence of the reverse. That stillness may be met with under the most deplorable management will appear in the extracts appended to this Report,\* and the following remarks from the pen of Dr. Conolly, may not inaptly be repeated here :—

“ The extreme tranquillity, which I have already noticed as surprising at the Salpêtrière, was observable in the wards of the St. Yon. I imagine that this great degree of quiet and silence in some of the French asylums, and which I have also remembered in some of the English asylums, although certainly not at Hanwell, is not altogether a proof of excellence ; but arises from the patients not being habituated to seeing many visitors, or to being addressed and noticed, or allowed much of the freedom of conversation, or discourse rather, in which so many lunatics take delight ; and which certainly calls for occasional restriction. My partiality for Hanwell perhaps influences me in my preference of what I witness there, to the forced decorum and reserve to which I am now alluding. I certainly do not object to seeing the officers, who enter the wards, surrounded by patients eager to communicate their joys or their sorrows, to prefer their requests, or often just complaints, and to make their mindful and affectionate inquiries. These opportunities form the principal relief of the terrible monotony of years, passed by those confined to one building and its grounds, many of them for life. The mere expectation of such visits constitutes much of their happiness, and whatever interferes with them is a denial of comfort to the patients in their captivity and affliction. Nor can I consider the discipline or the prosperity of an asylum endangered if, on entering the work-rooms, the knitter or embroidress suspends her occupation, or the tailor leaves his shop board, or the carpenter desists a few moments from hammering and planing, to exchange a few cheerful words with a visitor ; whereas to walk through work-rooms and wards full of insane persons, and see no hand raised, and find all silent, appears to be somewhat unnatural, and makes one suspect that many feelings are forcibly repressed, which to express would be a pleasure or relief that ought not to be withheld.”—*Twenty-second Annual Report of the Lincoln Lunatic Asylum*, 1846, p. 8, 9.

\* [See page 23 of this Appendix.]

## OFFICERS,

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1848.

 An Annual Subscription of three Guineas constitutes a Governor.

*Those having this mark (\*) are Benefactors by Donation also.*

	£	s.		£	s.
*Brownlow, Earl, <i>V.P.</i> .....Belton	10	0	Moore, Rev. W., <i>D.D.</i> .....Spalding	1	1
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*Cracroft, Colonel .....Hackthorn	5	5	Walls, Rev. J.....Boothby	1	1
*Doncaster, Rev. Dr.....Navenby	2	2	Willson, Mr. John .....Lincoln	1	1
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Giles, Mr. George.....Lincoln	3	3			
Hickman, Mr., 1848-9 .....Thonock	6	6			
Jarvis, Rev. C. M. G. ...Doddington	1	1			
*Johnson, Mr. T. F. ....Spalding	1	1			
Monson, Right Hon. Lord ...Burton	3	3			
				£79	17

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received in 1848.

	received in 1848.	£	s.	d.
Collett, Mr.....	The Jungle	10	0	0
A. Friend through Messrs. Smith, Ellison, and Co. ....		20	0	0

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Featherby, Mrs. Susannah, by Mr. J. Bruce .....	100	0	0
Hodson, Mrs. Kennan, by Mr. W. Hopkinson.....	100	0	0
Knowles, Rev. Thomas.....South Somercotes	19	19	0
	<hr/>		
	£249	19	0

## LIFE GOVERNORS.

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*Those marked thus (\*) are Annual Subscribers also.*

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Bernal, Mr., <i>M.P.</i> .....London	50	0	Brooks, Mr. G., <i>Auditor</i> ...Lincoln	25	0
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	£	s.		£	s.
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Cayley, Sir George, Bart., Brompton	42	0	Division, their wages for the years		
Chaplin, Mr., <i>V.P.</i> , <i>Trustee</i> , Blankney	100	0	1836, 7, 8, 9, 40, 1 .....	102	19
Charlesworth, Dr. ....Lincoln	21	0	Mason, Mr. R., ....Lincoln	21	0
Conington, Rev. J.....Southwell	21	0	Merryweather, Mr. J. ....Lincoln	21	0
Corbett, Mr. ....Elsham Hall	21	0	Otter, Miss A. ....Wath	25	0
Cust, Hon. William .....London	30	0	Pacey, Miss M. A.....Aston House	21	0
Dent, Mr. ....Ribston Hall	25	0	Padley, Mr. J. S. ....Lincoln	21	0
Durham, Rt. Rev. Edward Maltby,			Pierce, Rev. W. M. ...West Ashby	21	0
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Elmhirst, Dr., Lincoln, for a person			of Lincoln .....	25	0
unknown.....	22	0	*Pretyman, Rev. R., Precentor of		
Empson, Mrs. S., Spellowhill, York	21	0	Lincoln, <i>V.P.</i> .....	25	0
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Harrowby, Earl of.....Sandon Hall			Sutton, Mr. C. F. ....Wragby	21	0
Stafford .....	50	0	Swan, Mr. Robert .....Lincoln	21	0
Hartley, Mr. J. ....Lincoln	21	0	Swan, Rev. F. ....Sausthorpe	21	0
Harvey, Mr. R. S.....Lincoln	21	0	Thorold, Mr. ....Cuxwold	21	0
Healey, Mr. H. ....High Risby	26	0	Turnor, Mr. ....Stoke	100	0
Heathcote, Sir Gilbert, Bart., <i>V.P.</i> ,			Vyner, Mr., <i>V.P.</i> , ...Gautby House	100	0
Normanton .....	100	0	Welby, Sir W. E. Bt., <i>V.P.</i> , Denton	40	0
Heneage, Mr. ....Hainton Hall	41	0	Welfit, Mr. ....Manby Hall	21	0
Higgins, Mr. J., Alford, for a person			Whichcote, Rev. C., Burton Coggles	21	0
unknown .....	21	0	White, Mr. George.....Grantham	51	0
Hutton, Mr. H. W. ....Beverley	21	0	White, Mr. W. H. ....London	21	0
Ingilby, Sir William, Bart., <i>V.P.</i>			Willoughby de Broke, Lord .....	50	0
Ripley Park .....	50	0	Willoughby de Eresby, Lord, <i>V.P.</i>	100	0
Jarvis, Colonel ...Doddington Hall	21	0	Willson, Rev. J.....Lincoln	42	0
Kent, Rev. G. D., Lincoln, for a Lady	50	0	Winchilsea, Earl of .....Haverholm	25	0
Lincoln, Right Rev. John Kaye, Lord			Winn, Mr. Thomas .....Lincoln	21	0
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Mackinnon, Rev. J., Bloxholm, for			Wright, Miss.....Brattleby House	21	0
a Friend .....	21	0	Wright, Rev. W. ....Healing	30	15
Mainwaring, Mr., <i>Trustee</i> ...Coleby			*Yarborough, Right Honorable Earl,		
Hall.....	52	10	Brocklesby .....	21	0

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 Parochial Collections, 1808—1809 ..... £1911 8 1



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Barnard, Mr. Samuel .....Boston	21	0	Hutton, Mr. ....Lincoln	21	0
Bayley, Ven. Archd., for a Friend...	100	0	Kaye, Lady .....Coleby	50	0
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Bosville, Rev. T., Rector of Heapham	21	0	Kipling, Dr., the Very Rev. the Dean		
Broadley, Mrs.....Blyborough	21	0	of Peterborough .....	100	0
Bromhead, Mrs. B... ....Lincoln	25	0	Lady unknown .....	50	0
Bromhead, Rev. E. ....Repham	25	0	Lincoln, Right Rev. George Tomline,		
Bromhead, Mrs. B.....Lincoln	25	0	Lord Bishop of .....	50	0
Brown, Mr. Hezekiah.....Lincoln	21	0	Lincoln, Dean and Chapter of,		
Brown, Rev. T. ....Leadenham	21	0	1807, viz.—		
Brownlow, Earl .....Belton	100	0	Late Rev. Sir Richard Kaye, Bt.,		
Buckinghamshire, Earl of .....	40	0	Late Rev. Archdeacon Pretymen,	100	0
Buckworth, Mesdames.....Stamford	50	0	Late Rev. Archdeacon Wharton,		
Burcham, Mr.....Coningsby	21	0	Late Rev. Archdeacon Bayley,		
Burton, Mr. Robert .....Lincoln	101	0	Lincoln, Corporation of, 1807 .....	100	0
Chaplin, Mr. ....Blankney	100	0	Lindsey, Earl of .....Uffington	50	0
Cheales, Mr. Benjamin .....Sleaford	25	0	Lister, Mr.....Burwell Park	631	10
Cholmeley, Sir Montague, Bt., Easton	21	0	Lister, Mr.....Girsby House	25	0
Coltman, Mr.....Hagnaby House	100	0	Loft, Mr. ....Louth	21	0
Colton, Mr. Alderman .....Lincoln	21	0	Loft, Mr. ....Grainthorpe	41	0
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Cookson, Dr. Ambrose .....Lincoln	21	0	Manby, Mr. John.....Bead's Hall	53	0
Cookson, Dr. W. D. ....Lincoln	21	0	Mangles, Mrs. ....	50	0
Coxe, Rev. G., Twyford, Winchester	21	0	Manners, Right Hon. Lady Robert	21	0
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late Dr. Knolton .....Boston	23	13	Massingberd, Mr. ....Ormsby	50	0
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Dalton, Colonel .....Slaniford Hall	25	0	Monson, Colonel, the Hon. William	30	0
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Elmhirst, Colonel .....Ashby Grove	21	0	Parkinson, Rev. Dr. ....Ravendale	21	0
Elsdale, Rev. Samuel .....Moulton	71	1	Peacock, Mr. Anthony .....Kyme	21	0
Featherby, Mr. Ald. W.....Lincoln	23	2	Peacock and Co., Sleaford, for a		
Featherby, Mr. Ald. R. ....Lincoln	23	2	Gentleman unknown .....	50	0
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Fowler, Mr. Ald. Robert ...Lincoln	21	0	Preston, Mr. Thomas.....Lincoln	21	0
Gordon, the Very Rev. G., <i>D.D.</i> ,			Reynardson, Mr. J. ....Holywell	21	0
Dean of Lincoln .....	100	0	Robertson, Mr., produce of two plays	36	6
Gordon, Rev. J. ....Edwinstow	31	10	Rockliffe, Mrs. ....Horncastle	21	0
Goulton, Mr. Thomas .....Walcot	50	0	Rogerson, Mr. William .....Boston	21	0
Gwydir, Lord .....Grimsthorpe	105	0	Saunders, Mr. S.....Morton	21	0
Handley, Mr. Benjamin ...Sleaford	21	0	Sedgwick, Mrs. ....Lincoln	50	0
Hayward, Mr. Ald. C. ....Lincoln	21	0	Sibthorp, Colonel H. ....Canwick	52	0

	£	s.		£	s.
Sibthorp, Colonel Coningsby Waldo	50	0	Thynne, Rt. Hon. & Rev. Lord John	25	0
Smith, Mr. Tyrwhit .....Lincoln	21	0	Tunnard, Mr. ....Frampton House	21	0
Smith, Mr. Samuel.....London	50	0	Turnor, Mr. Edmund .....Stoke	100	0
St. Albans, Her Grace the Duchess of	21	0	Uppleby, Mr., for a Gentleman un-		
Stonehewer, Mr. Richard .....	21	0	known .....	Wootton	40 0
Summers, Mr. Eades .....Chertsey	100	0	Wallis, Mr. George.....York	105	0
Sutton, Rev. Thomas Manners, Sub-			Walls, Rev. E.....Spilsby	21	0
dean of Lincoln .....	25	0	Whichcote, Sir T., Bart., Aswardby	100	0
Swan, Mr. Alderman .....Lincoln	21	0	Williams, Hon. Sir John, Justice ...	50	0
Swan, Mr. John.....Ollerton	51	0	Willis, Dr. ....Greatford	500	0
Swan, Rev. F. ....Lincoln	51	0	Willis, Rev. Dr. ....Greatford	55	0
Taylor, Mrs. ....Lincoln	21	0	Wood, Mrs. ....Bath	21	0
Tennyson, Mr. ....Bayon's Manor	21	0	Wray, Lady .....Summer Castle	55	0
Thirkill, Mr. Francis .....Boston	21	0	Yarborough, Right Hon. Lord .....	100	0
Thirkill, Mr. ....Boston	21	0	Yarborough, Right Hon. Earl .....	300	0
Thornton, Mr. Samuel .....	21	0			

## LEGACIES.

	£	s.		£	s.
Benet, Mrs. Ann .....Lincoln	50	0	Massingberd, Mrs.....Lincoln,		
Cartwright, Mr.....Ingham,			by Mrs. Brackenbury .....	50	0
by Mr. W. H. Straw .....	90	0	Oxspring, Mr. John .....Lincoln	450	0
Coltman, Mr. T. ....Hagnaby	449	8 3	Otter, Mr. Robert .....Wath-upon-		
Fairchild, Mr. Thomas.....Navenby	50	0	Dearne, by Miss Alice Otter .....	270	0
Featherby, Mrs. Susannah, Lincoln,			Parnell, Mr. Paul .....Lincoln	100	0
by Mr. J. Bruce .....	100	0	Reeve, Mrs. ....Leadenham,		
Gildart, Rev. F., Rector of Sprid-			by Colonel Reeve .....	45	0
lington, by Rev. H. F. Hutton ...	250	0	Savage, Mr. Pool .....Lincoln,		
Gordon, the Very Rev. G., <i>D.D.</i> ,			by Mr. Joseph Moore .....	90	0
Dean of Lincoln, by Mr. Fardell	100	0	Shaw, Mr. Thomas Burton.....	450	0
Grant, Mr. Benjamin ...Scamblesby,			Simpson, Mr. ....Ingleby	10	0
by Mr. David Briggs, Oxcomb,			Smith, Miss Ann .....Bath,		
and Mr. M. G. Searle, Spalding...	450	0	by Miss Mary Mossop, Langtoft	49	10
Hodson, Mrs. Kennan.....Stamford,			Thorold, Sir John, Bart.....Syston	90	0
by Mr. William Hopkinson .....	100	0	Westland, Mr. John .....Boston,		
King, Mr. Clifford .....Ashby-de-la-			by Mr. S. Veal .....	101	6 8
Launde, by the Rev. J. King.....	50	0	Williams, Mrs. ....Lincoln	10	0
Knowles, Rev. Thomas.....South			Wilson, Mr. R., Willingham by Stow	10	0
Somercotes .....	19	19	Willson, Mr. Robert .....Nettleham,		
Maltby, Mr. W. ....Coates,			by Mr. J. L. Fytche .....	100	0
by Mr. Skill .....	450	0	Wriglesworth, Mr. Ald. ....Lincoln	19	19



## STATE OF THE PATIENTS.

*Number of the Patients Admitted, and of those Discharged from the Books,*

From January 1, 1848, to Dec. 31, 1848.

From April 26, 1820, to Dec. 31, 1848.

	M.	F.	Tot.		M.	F.	Tot.
Remained Jan. 1, 1848.....	69	68	137				
Admitted in 1848 .....	19	20	39	Admitted .....	569	487	1056
Re-admitted in 1848.....	10	7	17	Re-admitted.....	136	125	261
Discharged in 1848 .....	27	28	55	Discharged .....	633	546	1179
Remained Dec. 31, 1848 .....	71	67	138	Remained Dec. 31, 1848...	71	67	138

*State of the Patients when Discharged from the Books,*

From January 1, 1848, to Dec. 31, 1848.

From April 26, 1820, to Dec. 31, 1848.

Recovered .....	23	Recovered .....	469
Improved .....	12	Improved .....	131
Removed during treatment .....	9	Removed during treatment.....	271
Improper objects .....	0	Improper objects .....	2
By order of the Board .....	1	By order of the Board.....	38
Escaped .....	1	Escaped .....	14
Dead .....	9	Dead.....	254
	55		1179

*Re-admissions.**Of the 1056 Patients admitted, have been re-admitted,**Of the 469 Patients discharged as recovered have been re-admitted,*

129 Patients 1 time each.....	129 cases
22    "    2 times each .....	44    "
8     "    3     "    .....	24    "
3     "    4     "    .....	12    "
3     "    5     "    .....	15    "
1     "    6     "    .....	6     "
2     "    7     "    .....	14    "
1     "    8     "    .....	8     "
1     "    9     "    .....	9     "
170 Patients	261 cases

63 Patients 1 time each.....	63 cases
14    "    2 times each .....	28    "
6     "    3     "    .....	18    "
1     "    4     "    .....	4     "
2     "    5     "    .....	10    "
1     "    6     "    .....	6     "
1     "    7     "    .....	7     "
2     "    8     "    .....	16    "
1     "    9     "    .....	9     "
91 Patients	161 cases

Of whom 12 have died and 3 remain  
in the Asylum.

# ADMISSIONS, RECOVERIES, DEATHS, AND CAUSES OF THE DEATHS

PATIENTS.	1820	1821	1822	1823	1824	1825	1826	1827	1828	1829	1830	1831
Carried on to each year .....	...	13	15	21	27	30	34	41	45	42	49	41
Admitted in each year .....	21	21	20	23	32	25	31	23	37	35	33	20
Re-admitted in each year .....	...	2	...	2	...	7	4	4	4	6	10	9
Total under care in ditto .....	21	36	35	46	59	62	69	71	86	83	92	70
Daily average number in ditto	6.8	15.	16.7	21.6	31.	33.4	40.8	44.3	47.	41.7	49.7	43.6
Recovered in each year .....	6	7	8	12	10	13	14	12	19	15	31	13
Recovered per cent in ditto ...	8.8	44.6	47.9	55.5	32.2	38.9	35.2	27.1	40.4	35.9	62.3	29.8
Otherwise discharged in ditto	2	11	4	3	14	8	8	8	18	18	12	4
Died in each year .....	...	3	2	4	5	7	3	6	7	1	...	9
Died per cent in ditto .....	...	20.	11.9	18.5	16.1	20.9	7.3	13.5	14.8	2.4	...	20.6
Remained from each year ...	...	...	...	...	2	...	...	1	...	...	...	...
CAUSES OF THE DEATHS.												
Abscess .....	...	...	...	...	...	...	...	...	...	...	...	...
Aneurism of Aorta .....	...	...	...	...	...	...	...	...	...	...	...	...
Apoplexy .....	...	1	1	...	...	1	...	...	...	...	...	...
Catalepsy .....	...	...	...	...	1	...	...	...	...	...	...	...
Cholera Morbus .....	...	...	...	...	...	...	...	...	...	...	...	...
Consumption .....	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea .....	...	...	...	...	...	...	...	...	...	...	...	...
Disease of Bowels .....	...	...	...	...	...	...	...	...	...	...	...	...
——— Brain .....	...	...	...	...	...	...	...	...	...	...	...	...
——— Heart .....	...	...	...	...	...	...	...	...	...	...	...	...
——— Liver .....	...	...	...	...	...	...	...	...	...	...	...	...
——— Lungs .....	...	...	...	...	...	...	...	...	...	...	...	...
Dropsy .....	...	...	1	1	1	1	2	...	...	...	...	...
Dying when admitted .....	...	...	...	1	...	1	...	1	1	...	...	...
Erysipelas .....	...	...	...	...	...	...	...	...	...	...	...	...
Epilepsy .....	...	...	...	1	1	...	...	1	1	...	1	2
Fever .....	...	...	...	...	...	...	...	1	...	...	...	1
Found dead in bed .....	...	...	...	...	...	...	...	...	1	...	...	...
Gradual Exhaustion .....	...	1	...	...	...	2	1	2	2	...	6	5
Hydrothorax .....	...	...	...	...	...	...	...	...	...	...	...	...
Inflamed Brain .....	...	...	...	...	...	1	...	...	...	...	...	...
——— Lungs .....	...	...	...	...	...	...	...	...	...	...	...	...
——— Parotid Gland .....	...	...	...	...	...	...	...	...	...	...	...	...
——— Trachea .....	...	...	...	...	...	...	...	...	...	...	...	...
Locked Jaw .....	...	...	...	...	1	...	...	...	...	...	...	...
Maniacal Exhaustion .....	...	...	...	...	...	...	...	...	1	1	...	...
Measles .....	...	...	...	...	...	...	...	...	...	...	...	...
Old Age .....	...	...	...	...	1	...	...	1	1	...	...	...
Paralysis .....	...	...	...	...	...	...	...	...	...	...	1	...
Psoas Abscess .....	...	...	...	...	...	1	...	...	...	...	...	...
Sloughing .....	...	...	...	...	...	...	...	...	...	...	...	...
Suicide .....	...	1	...	...	1	...	...	...	...	...	...	1
Tabes .....	...	...	...	...	...	...	...	...	...	...	...	...
Tumour of the Uterus .....	...	...	...	...	...	...	...	...	...	...	...	...
Water in the Head .....	...	...	...	...	...	...	...	...	...	...	...	...



IN EACH YEAR, FROM APRIL 26, 1820, TO DECEMBER, 31, 1848.

1832	1833	1834	1835	1836	1837	1838	1839	1840	1841	1842	1843	1844	1845	1846	1847	1848	Totals
44	47	50	66	62	85	88	101	109	96	92	112	103	104	117	126	137	
30	34	40	32	42	33	57	45	27	37	61	45	58	55	46	53	39	1056
7	6	19	10	10	12	13	13	6	15	18	16	15	13	11	12	17	261
81	87	109	188	115	130	158	159	142	148	171	173	176	172	174	191	193	
49	51.5	56.3	61.2	76.5	90	94.5	107.2	104.2	97.2	101.	111.	109.	108.	121.	133.	137	
12	11	16	17	23	15	31	25	10	17	15	26	11	13	23	21	23	469
24.5	21.3	28.4	27.7	30.	16.6	32.8	23.3	9.6	17.4	14.8	23.4	10.	12.	19.	15.7	16.7	
10	17	23	20	3	12	16	15	20	24	27	24	47	25	22	18	23	456
12	9	4	9	4	15	10	10	16	15	17	20	14	17	3	15	9	254
24.5	17.8	7.1	14.7	5.2	16.6	10.5	9.5	15.3	15.4	16.8	18.	12.8	15.7	2.4	11.2	6.5	
1	...	1	3	5	1	6	4	3	5	5	6	8	19	19	18	30	138
...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	2
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
...	1	...	1	1	...	2	2	2	1	...	...	2	1	...	2	...	18
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	4	1	1	1	5	5	1	2	1	1	2	1	25
3	...	...	...	...	...	1	...	...	1	...	1	2	3	...	2	...	13
...	...	...	1	...	1	...	...	2	...	1	...	...	...	...	...	...	5
1	...	...	...	...	...	...	2	2	2	2	1	...	...	...	...	...	10
...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	2
...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	2
...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	8
...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	7
...	...	...	...	...	...	1	...	...	...	...	4	...	...	...	...	...	5
1	...	...	...	...	1	...	1	1	...	...	...	...	1	1	1	...	14
...	1	...	...	...	3	...	1	2	...	...	4	...	...	...	4	2	19
...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	4
1	3	...	1	1	1	2	...	5	5	4	5	3	8	1	1	1	61
...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	2
...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2
...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2
...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2
2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	6
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
...	...	...	...	...	3	1	1	...	...	...	...	...	...	...	...	1	9
...	...	...	...	...	1	...	...	1	1	...	...	1	3	...	...	3	11
...	1	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	4
...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
...	1	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	7
4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5
...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1

and afterwards with January 1; leaving 9 months only for 1827.

*Recoveries in the Lincoln Lunatic Asylum, from the commencement, as affected by the duration of the  
Complaint before Admission, or Re-admission.*

Periods of Recovery.	Admitted within 3 months of the 1st attack.	Admitted between 3 & 12 mo. of the 1st attack.	Admitted between 1 & 2 years of the 1st attack.	Admitted, the period of attack being upwards of 2 years.	Admitted, having had previous attacks.	Admitted, the period of attack not known.	Admitted, Idiots.	Totals.
	339	194	71	214	439	47	13	1317
Discharged within 3 months after admission.	101	23	3	3	81	0	0	211
— between 3 and 6 months after admission.	54	14	3	4	57	0	0	132
— between 6 and 12 months after admission.	28	8	4	7	38	0	0	85
— between 1 and 2 years after admission.	4	6	1	1	8	0	0	20
— between 2 and 3 years after admission.	3	3	0	0	3	0	0	9
— after 3 years.	1	1	2	4	4	0	0	12
Totals.	191	55	13	19	191	0	0	469



AVERAGE PERIOD OF RESIDENCE OF THE  
RECOVERED, AND DIED, IN 1848.

<i>Recovered in 1848.</i>						<i>Died in 1848.</i>					
No. on Register.	Date of Discharge.		Period of Residence.			No. on Register.	Date of Death.		Period of Residence.		
No.	1848.		Yrs. Days.			No.	1848.		Yrs. Days.		
1253 .....	Jan.	3 .....	0	37		1176 .....	Jan.	12 .....	1	159	
1244 .....	Jan.	4 .....	0	85		1116 .....	Jan.	16 .....	2	126	
1248 .....	Jan.	5 .....	0	47		1115 .....	Feb.	25 .....	2	175	
1257 .....	Jan.	26 .....	0	57		1238 .....	March	2 .....	0	175	
1235 .....	Jan.	30 .....	0	164		1103 .....	March	3 .....	2	266	
1232 .....	Jan.	31 .....	0	179		1249 .....	April	11 .....	0	141	
1258 .....	Feb.	4 .....	0	62		416 .....	May	19 .....	15	24	
1224 .....	Mar.	21 .....	0	291		1260 .....	July	25 .....	0	215	
1270 .....	Mar.	27 .....	1	49		1315 .....	Dec.	11 .....	0	10	
*1230 .....	Mar.	30 .....	0	252							
1229 .....	Mar.	31 .....	0	264							
1261 .....	July	6 .....	0	189							
*1290 .....	Aug.	1 .....	0	31							
1273 .....	Aug.	15 .....	0	168							
1289 .....	Sept.	11 .....	0	81							
*1297 .....	Sept.	11 .....	0	45							
1298 .....	Sept.	16 .....	0	47							
1296 .....	Oct.	4 .....	0	70							
1302 .....	Oct.	4 .....	0	48							
1304 .....	Oct.	23 .....	0	39							
1305 .....	Nov.	15 .....	0	52							
1307 .....	Nov.	16 .....	0	31							
1106 .....	Dec.	18 .....	3	180							
Average residence, 171 days.						Average residence, 2 yrs. 306 days.					

\* Re-admitted cases.

# AVERAGE PERIOD OF RESIDENCE IN THE RECOVERED CASES,

*from April 26th, 1820, to December 31st, 1848.*

		In each year.	In whole period.		
YEAR.	DAYS.		DAYS.	YEAR.	DAYS.
1820 .....	103 .....		103	1835 .....	190 .....
1821 .....	161 .....		134	1836 .....	244 .....
1822 .....	90 .....		118	1837 .....	209 .....
1823 .....	145 .....		128	1838 .....	229 .....
1824 .....	173 .....		138	1839 .....	277 .....
1825 .....	234 .....		160	1840 .....	250 .....
1826 .....	141 .....		157	1841 .....	367 .....
1827 .....	148 .....		155	1842 .....	137 .....
1828 .....	195 .....		164	1843 .....	134 .....
1829 .....	277 .....		181	1844 .....	177 .....
1830 .....	152 .....		176	1845 .....	270 .....
1831 .....	118 .....		172	1846 .....	230 .....
1832 .....	329 .....		181	1847 .....	289 .....
1833 .....	310 .....		189	1848 .....	171 .....
1834 .....	95 .....		180		

The averages for the whole period, are obtained, not by adding together the average of each year, and taking a mean, which would be fallacious, because the number of Recoveries in each year greatly varies; but it is obtained by adding together all the periods of residence, and dividing at each year's end by the total number of recoveries.

## PER CENTAGE OF RECOVERIES AND DEATHS,

*from April 26th, 1820, to December 31st, 1848.*

	Recovered per cent.	Died per cent.
Of 1056 Persons Admitted .....	44.41	23.85
Of 1317 Cases Admitted, including Re-admissions	35.61	
Of Average numbers constantly Resident .....	23.45	12. 7



LENGTH OF RESIDENCE, AND AGES IN DECENNIAL PERIODS,  
AT THE TIME OF DEATH.

*Periods of Decease after Admission,  
in 1848.*

Between 1—7 Days	Days 7—14	Weeks 2—4	Months 1—3	Months 3—6	Months 6—12	Years 1—2	Years 2—3	Years 3—18	Total.
0	1	0	0	1	2	1	3	1	9

*Periods of Decease after Admission,  
from the commencement of the Institution.*

Between 1—7 Days	Days 7—14	Weeks 2—4	Months 1—3	Months 3—6	Months 6—12	Years 1—2	Years 2—3	Years 3—18	Total.
7	15	14	31	31	38	37	23	58	254

*Ages at the time of Decease,  
in 1848.*

Betw. 20	20—30	30—40	40—50	50—60	60—70	70 & upwards	unknown	Total.
0	1	3	0	2	2	1	0	9

*Ages at the time of Decease,  
from the commencement of the Institution.*

Betw. 20	20—30	30—40	40—50	50—60	60—70	70 & upwards	unknown	Total.
3	28	60	51	47	39	17	9	254


NUMBER OF DEATHS IN EACH MONTH,  
*from the commencement of the Institution.*

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total.
22	20	16	28	23	28	17	25	9	21	23	22	254

# DAILY RETURN OF THE STATE OF THE PATIENTS,

*From 8 a. m. December 18, to 8 a. m. December 25, 1848.*

NUMBER OF PATIENTS.	MALE.							FEMALE.						
	M.	T.	W.	TH.	F.	S.	SU.	M.	T.	W.	TH.	F.	S.	SU.
In the wards .....	71	72	72	72	72	71	71	66	66	66	66	66	66	66
In the male epileptic ward .....	7	7	7	7	7	7	7	..	..	..	..	..	..	..
In the female disorderly ward .....	..	..	..	..	..	..	..	11	11	11	11	11	11	11
With confined bowels .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
With relaxed bowels .....	..	2	1	1	1	1	1	..	..	..	..	..	..	..
Uncleanly by day .....	..	2	1	1	1	1	1	..	..	..	..	..	..	..
Uncleanly by night .....	..	1	1	1	1	1	1	1	1	1	..	..	..	..
Wet by day .....	3	2	4	2	2	4	4	..	..	..	..	..	..	..
Wet by night .....	8	9	8	9	9	9	8	4	4	4	4	4	4	4
Destroyed their clothing .....	..	..	..	1	..	..	..	..	1	..	..	..	..	..
Destroyed their bedding .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Slept on straw cases .....	12	12	12	12	12	12	12	6	6	6	6	6	6	6
Wore socks in bed .....	11	11	11	11	11	11	11	6	6	6	6	6	6	6
Noisy in the day time .....	7	9	10	9	8	8	9	18	17	13	18	13	17	19
Noisy in the night time .....	7	3	3	4	4	3	5	10	12	13	10	11	11	12
Refused a part of their food .....	..	..	..	..	..	..	..	1	..	..	..	..	..	..
Refused the whole of their food .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Attempted suicide .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Under medicinal treatment.....	2	2	3	3	3	3	3	1	1	1	1	1	1	1
Under surgical treatment.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Under hired nursing .....	..	..	..	..	..	..	..	1	1	1	1	1	1	1
Under night watching .....	20	19	19	19	19	19	19	19	19	19	19	19	19	19
Kept their beds by day.....	..	..	..	..	..	..	..	1	1	1	1	1	1	1
Took wine medicinally .....	2	2	2	2	3	3	3	2	2	2	2	2	2	2
Took porter medicinally .....	5	5	4	4	5	5	5	4	4	4	4	4	4	4
Allowed extra meat .....	4	4	4	4	4	4	4	1	1	2	2	2	1	1
Disallowed meat .....	1	1	1	1	1	1	1	4	4	4	4	4	4	4
Forcibly fed.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bathed.. .....	..	..	..	..	19	..	..	..	..	..	..	..	24	..
Capable of regular occupation .....	55	54	56	55	55	54	54	40	41	41	41	40	40	40
Incapable of regular occupation .....	16	18	16	17	17	17	17	21	25	25	25	26	26	26
Provided with regular occupation.....	30	29	33	33	31	33	28	32	32	32	34	31	30	25
Unprovided with regular occupation .....	25	25	23	22	24	27	26	8	9	9	7	6	10	15
Engaged in knitting .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Engaged in sewing.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Engaged in other sedentary employment ..	..	..	..	..	..	..	..	22	22	20	24	18	16	..
Engaged in active employment .....	30	29	33	31	31	33	28	19	20	19	20	19	25	25
Employed in the front grounds .....	2	..	4	5	2	2	..	..	..	..	..	..	..	..
Employed in the kitchen garden .....	4	4	5	6	6	4	7	..	..	..	..	..	..	..
Employed in cleaning rooms, &c.....	13	12	14	13	14	15	13	17	15	15	17	17	18	19
Employed in the laundry.....	5	5	5	6	6	5	3	2	1	1	2	2	2	..
Employed in the kitchen.....	14	18	16	14	15	16	15	2	3	3	2	3	2	2
Exercised in the grounds.....	65	5	67	65	64	61	68	..	..	..	33	34	..	..
Exercised beyond the grounds .....	7	..	7	6	6	6	6	..	..	..	..	..	..	5
Engaged in active sports in-doors.....	23	28	25	20	21	23	..	..	..	..	..	..	..	..
Engaged in active sports out-doors .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Attended church.....	..	..	..	..	..	..	6	..	..	..	..	..	..	5
Attended asylum chapel .....	..	..	..	..	..	..	57	..	..	..	..	..	..	58
Attended evening prayers .....	59	63	..	61	56	54	60	38	37	..	35	36	36	37

 The above Return is made out daily, from the respective Attendants' Daily Returns of the state and circumstances of each individual patient.



WEEKLY RETURN  
OF THE STATE OF THE PATIENTS,

*from 8 a. m. December 18th, to 8 a. m. December 25th, 1848.*

Number of Patients in the House.	M. 71	F. 67	Totals. 138
First Rank.	2	2	4
Second Rank.	7	8	15
Third Rank.	62	57	119
Maintained by their Friends.	20	19	39
Maintained by the Public.	51	48	99
Less than 1 year since the first attack.	5	4	9
From 1 to 2 years since the first attack.	4	3	7
More than 2 years since the first attack.	62	60	122
Less than 1 year since admission	11	10	21
From 1 to 2 years since admission.	5	8	13
From 2 to — years since admission.	34	41	75
Re-admitted cases not included in the above.	21	8	29
Not expected to recover.	63	62	125
Expected to recover.	10	5	15
Convalescent.	1	1	2
Cases of Idiocy.	0	0	0
Cases of Epilepsy.	7	4	11
Cases of Paralysis.	2	4	6
Cases of Imbecility.	0	0	0
Having attempted Suicide.	13	7	20
Attended Sunday Morning Prayers.	56	42	98
Attended Church.	7	0	7

## DISBURSEMENTS.

*from January 1st, 1848, to December 31st, 1848.*

	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	
House-Surgeon ...	100	0	0				Brought forward .....	2,893	5	10			
Matron .....	65	0	0				Escape of Patients	8	17	4½			
Secretary—							Medicine.....	14	10	5			
Robert Goodacre	14	0	0				Periodicals .....	4	10	2			
Mr. Wilson sec.							Printing .....	55	17	2			
<i>pro tem.</i> .....	8	0	0				Stationery, postage	9	6	5			
Richard Hall ...	22	17	0				Patients' amuse-						
Surveyor .....	10	0	0				ments .....	5	7	2			
7 Male Attendants	188	1	8				Porter for the sick	10	18	8			
7 Female Ditto ...	119	3	2				Wine for the sick	18	7	6			
5 Female Servants	56	19	1				Tobacco, snuff ...	18	6	6	146	1	4
Grounds' Porter...	31	4	0				Cooperage .....	5	5	11			
Substitutes in ab-							Crockery, Glass...	27	16	2			
sence or sickness	27	14	6				Furniture .....	68	5	9			
Sick Nursing .....	17	3	9				House Linen .....	127	10	11			
Charwomen .....	11	18	1	672	1	3	Ironmongery .....	51	11	7	280	10	4
							Joiner.....	186	4	10			
Bread, 58,580 lbs.	320	0	2				Mason .....	113	17	4			
Butter, 2,596 lbs.	139	9	3				Painter .....	40	13	7			
Cheese ...330 lbs.	11	6	8				Plumber, Glasier..	53	18	2			
Coffee ...523 lbs.	32	14	7				Smith .....	70	16	0			
Eggs ...No. 4,206	12	19	10				Paving, Gas tar ...	40	19	4	506	9	3
Fish .....	2	7	9½				* Pigs bought (6) .....				4	10	5
Flour .....415 sts.	44	5	10				Law expenses (including the						
Meat, 33,010 lbs.	798	15	4½				unsuccessful prosecution of						
Milk, 4,659 galls.	136	2	9				an Attendant for an alleged						
Oatmeal, Sago, &c.	3	3	1½				abuse of a Patient, 15 <i>l.</i> 14 <i>s.</i> )				29	13	8
Peas .....	0	1	2				† Insurance.....				0	8	5
Plums, Currants..	9	6	0½				Taxes .....				4	1	9
Potatos, 2,710 pks.	128	9	6				Patients' clothing, charged in						
Poultry .....	4	14	5½				their respective accounts ...				432	14	11
Rice .....919 lbs.	10	14	0				Patients' surplus advances, re-						
Salt, Pepper, &c.	10	14	4				turned on discharge .....				187	15	5
Sugar ...4,673 lbs.	93	17	9				Deficiency in the accounts of the						
Tea .....533 lbs.	103	10	1½				late Secretary, Mr. Goodacre				364	17	0
Vegetables, Seeds	33	6	4	1895	19	1	Balance in hand .....				112	5	0
Candles...843 lbs.	22	15	6										
Coal .....262 tons	198	3	7										
Firewood .....	10	1	9										
Mops, Brushes ...	17	16	7½										
Oil .....60 galls.	10	8	10										
Soap ...2,565 lbs.	53	1	11										
Starch, Blue .....	4	10	2										
Straw, 600 sheaves	7	16	0										
Sundries .....	0	11	2	325	5	6½							
				£2,893	5	10½					£4,962	13	5

\* The Pigs are not consumed in the Establishment; being kept only to prevent the necessity of otherwise disposing of the offal provisions, garden produce, and fowl straw.

‡ The check was drawn by mistake for 8s. 5d. instead of £8 5s. 0d. The full payment was made up immediately afterwards, and will appear in the accounts of the following year.



## RECEIPTS,

*from January 1st, 1848, to December 31st, 1848.*

	£	s.	d.
Balance brought forward .....	47	4	10
Cash from Patients, including payments in advance, and clothing procured	4523	6	10
Annual Subscriptions .....	79	17	0
Benefactions ..... £30 0 0}	249	19	0
Legacies ..... £219 19 0}			
Board of an Attendant sent to be instructed at this Asylum .....	1	1	0
Found in the Charity Box .....	3	9	10
By sale of copies of published "Proceedings at the Lincoln Asylum, 1846"	5	14	9
— Ashes .....	1	16	0
— Bones .....	4	9	7
— Grease .....	16	7	1
— Rags .....	1	13	5
— Pigs (5) .....	25	14	10
— Door .....	0	10	0
Interest allowed by the Bank .....	1	9	3
	£4962	13	5

## STATE OF DEBTS AND CREDITS,

*January 1st, 1849.*

DEBTS.				£	s.	d.	£	s.	d.
Patients' Advances in hand .....				344	2	10			
CREDITS.									
Balance in the Treasurer's hands.....				111	18	7			
In the Matron's hands .....				30	0	0			
In the Secretary's hands .....				0	6	5			
Due from Patients .....				9	7	7	151	12	7
Outstanding Debt .....				£192	10	3			

## COST PER HEAD,

*calculated on the average daily number of Patients in the year.*

	Total cost, per year.			Average cost, per year.			Average cost per week.			Average cost, per day.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Salaries and Wages .....	672	1	3	4	18	1 $\frac{1}{4}$	0	1	10 $\frac{1}{2}$	0	0	3 $\frac{1}{4}$
Food, including household	1914	5	7	13	19	5 $\frac{1}{2}$	0	5	4 $\frac{1}{2}$	0	0	9 $\frac{1}{4}$
Coal, Candles, &c. ....	325	5	6 $\frac{1}{2}$	2	7	5 $\frac{3}{4}$	0	0	11	0	0	1 $\frac{1}{2}$
Medicine, Printing, &c. ...	127	14	10 $\frac{1}{2}$	0	18	7 $\frac{3}{4}$	0	0	4 $\frac{1}{4}$	0	0	4 $\frac{1}{4}$
Furniture and Linen .....	280	10	4	2	0	11 $\frac{1}{4}$	0	0	9 $\frac{1}{4}$			
Repairs, Taxes.....	510	19	5	3	14	7	0	1	5			
	£3830	17	0	£27	19	2 $\frac{1}{2}$	£0	10	8 $\frac{1}{2}$	£0	1	6 $\frac{1}{4}$

## COMPARATIVE STATEMENT

of the Number and Payments of the Patients, in each of the three last years.

*Number of Patients admitted,*

1846	1847	1848
Self-supported ..... 19	..... 37	..... 32
Parochial ..... 38	..... 28	..... 24
<u>57</u>	<u>65</u>	<u>56</u>

*Payments of Patients on the Books,*

1846	1847	1848
Self-supported £1131 14 5	..... £1364 18 0	..... £1401 11 0
Parochial..... £2360 15 1	..... £2474 17 3	..... £2516 9 5
<u>£3492 9 6</u>	<u>£3839 15 3</u>	<u>£3918 0 5</u>

*Number of each Rank of Patients admitted,*

1846	1847	1848
1st Rank..... 3 M. 2 F.	..... 2 M. 0 F.	..... 2 M. 0 F.
2d Rank..... 2 4	..... 12 12	..... 10 4
3d Rank..... 22 24	..... 18 21	..... 17 23
<u>27 30</u>	<u>32 33</u>	<u>29 27</u>

*Payments of each Rank of Patients on the Books.*

1846	1847	1848
1st Rank, at £1 1s. per week £ 362 14 0	... £ 260 11 0	... £ 168 3 0
2d Rank, at 15s ..... £ 386 0 5	... £ 662 6 2	... £ 690 14 6
3d Rank, at 10s. .... £2743 15 1	... £2916 18 1	... £3059 2 11
<u>£3492 9 6</u>	<u>£3839 15 3</u>	<u>£3918 0 5</u>

*Number and Payments of each Rank of Patients, admitted or re-admitted,  
from the opening of the Institution in March, 1820, to December 31st, 1848.*

FIRST RANK.

9 Patients at from £2 12 6 to £1 5 0 per week, £ 317 6 7  
 101 ..... at ..... £1 1 0 ..... £6791 15 1—£7,109 1 8

SECOND RANK.

200 ..... at ..... £0 15 0 ..... £6,547 8 1

THIRD RANK.

1006 ..... at ..... £0 10 0 ..... £41,859 19 10  
£55,516 9 7

☞ Variations in the rates of payment by some of the same Patients, will account for the apparent excess of Patients in the above Table, beyond the real number.



## COMPARATIVE STATEMENT

of the principal Articles consumed, and the average number of Persons maintained,  
in each of the three last years.

*Principal Provisions, &c., consumed,*

	1846	£	s.	d.		1847	£	s.	d.		1848	£	s.	d.
Bread .....lbs.	51,215	275	2	3	58,178	389	17	8	58,580	320	0	2		
Butter .....lbs.	1,944	96	0	5	2,241	128	19	0	2,596	139	9	3		
Candles ...lbs.	832	21	2	0	916	25	4	3	843	22	15	6		
Cheese.....lbs.	341	9	11	10	337	11	8	6	330	11	6	8		
Coal ..... tons	250	163	14	10	284	206	8	0	262	198	3	7		
Coffee .....lbs.	183	13	10	11	302	19	8	5	523	32	14	7		
Flour .....sts.	374	42	5	6	413	55	17	8	415	44	5	10		
Meat .....lbs.	26,206	638	18	0	29,756	765	6	1	33,010	798	15	4½		
Milk .....glls.	5,551	156	2	8	5,666	163	2	1	4,659	136	2	9		
Oatmeal ...lbs.	186	1	13	7		5	10	11		3	3	1½		
Oil .....glls.	28	5	13	2	35	6	14	8	60	10	8	10		
Potatos ...pks.	2,655	92	19	4	2,526	150	18	0	2,710	128	9	6		
Rice .....lbs.	635	8	19	7	718	9	13	0	919	10	14	0		
Soap .....lbs.	2,299	45	3	6	2,485	48	17	9	2,565	53	1	11		
Straw .....shs.	750	9	13	0	700	9	2	0	600	7	16	0		
Sugar .....lbs.	3,316	80	18	4	3,859	87	12	8	4,673	93	17	9		
Tea .....lbs.	416	84	7	6	465	86	8	1	533	103	10	1½		
Vegetables ...		21	8	5		33	0	10		20	11	11½		
		£1767	4	10		£2203	9	7		£2135	6	11		

*Daily average number of Persons maintained,*

	1846	1847	1848
Patients.....	121	133	137
Household.....	20½	21½	22½
	141½	154½	159½

*Daily average Consumption of Bread and Meat, per head,*

	1846	1847	1848
Bread.....	oz. 15½¼	oz. 16½⅓	oz. 16
Meat .....	oz. 8½¼	oz. 8½⅓	oz. 8¼

*Weekly average Loss of weight of Bread and Meat, as shown on taking Stock weekly,*

	1846	1847	1848
Bread.....	lbs. 1 oz. 8	lbs. 1 oz. 0	lbs. 2 oz. 15
Meat .....	lbs. 6 oz. 5	lbs. 7 oz. 15	lbs. 7 oz. 1

DIETARY OF THE THIRD RANK PATIENTS,


except were specially altered by the Faculty, or by a Weekly Board.

BREAKFAST.	DINNER.	SUPPER.
	<i>Males.</i>	
Bread ..... 6 oz.	Bread ..... 3 oz.	Bread, toasted and } 6 oz. buttered†..... }
New Milk, boiled..... 1 pt.	Meat, cooked & boned 4 oz.	
	Potatos* ..... 12 oz.	Tea† ..... 1½ pt.
	<i>Females.</i>	
Bread ..... 5 oz.	Bread ..... 3 oz.	Bread, toasted and } 5 oz. buttered†..... }
Tea†..... 1 pt.	Meat, cooked & boned 4 oz.	
	Potatos* ..... 8 oz.	Tea† ..... 1 pt.
	<i>Males and Females.</i>	
<i>Sunday</i> .....Roast Beef.	<i>Wednesday</i> ....Boiled Beef.‡	<i>Friday</i> .....Roast Beef.
<i>Monday</i> .....Boiled Beef.	<i>Thursday</i> .....Roast Mutton.	<i>Saturday</i> .....Boiled Beef.§
<i>Tuesday</i> .....Roast Mutton.		


*Diarrhœa Diet.*—Rice Pudding ; avoiding Meat, Broth, and Potatos.

- \* Carrots are used occasionally instead of Potatos ; also Peas, or Beans, or Turnips, as in season.  
† Each Patient is allowed per week, Tea, 1 oz., Sugar, 8 oz., Butter, 8 oz.  
‡ For Females.—For Males, Cold meat warmed 4 oz., with Broth 1 pint, } and Rice Pudding, or Yeast  
§ For Males.—For Females, Cold meat warmed 4 oz., with Broth 1 pint, } Dumpling, 8 oz.

On Wednesday the Bones, and on Saturday an Ox cheek, are stewed with the Broth.

 Toast-water is supplied at Dinner ; and in every Day Room, at all times.

WORK DONE BY FEMALE PATIENTS,

( when the weather will not admit of exercise in the open air,)  
from January 1st, 1848, to December 31, 1848.

ARTICLES MADE UP.		
Aprons ..... 54	Mattress covers ..... 8	Sun blinds ..... 25
Bed ticks ..... 13	Neckerchiefs ..... 48	Straw cases ..... 10
Carpets ..... 37	Night gowns ..... 38	Table cloths ..... 24
Caps ..... 72	Night caps ..... 35	Towels ..... 96
Chemises ..... 75	Pillow cases..... 16	Top petticoats ..... 32
Chair covers ..... 14	Pillow slips ..... 91	<i>Fancy Work.</i>
Dusters ..... 22	Pocket handkerchiefs 76	Fire screens, German
Door blinds ..... 10	Sheets ..... 94	wool worked ..... 2
Drawers, pairs ..... 6	Shirts ..... 135	Fancy Stockings, prs. 4
Flannel petticoats ... 32	Stockings, pairs ..... 40	Lace knitted, yards... 50
Flannel waistcoats ... 90	Socks, pairs ..... 14	Pincushion covers ... 6
Gowns ..... 81	Sofa cover ..... 1	Petticoat knitted ..... 1

NUMBER OF AIRING GROUNDS, APARTMENTS, BEDS.

Airing Grounds ... .. 2	Single Sleeping-rooms ... 40	Beds for Patients .....*127
Exercising Galleries..... 6	Double and treble ditto.. 2	Beds for Attendants..... 14
Sitting-rooms ..... 14	Dormitories ..... 14	Beds for House-servants 6

\* Beds are occasionally placed in the Galleries also, at night.



DAY ROOMS, BED ROOMS, BEDS.

		PATIENTS' Day Rooms.		PATIENTS' Bed Rooms, and Beds.		OFFICERS' AND SERVANTS' Bed Rooms, and Beds.	
HOUSE. South Front. 1st Story.	Sitting Room.	No. 1	.....	1	A—Female Attendant	1	
	Exercising Gallery.	No. 2	.....	1			
	Sitting Room.	No. 3	.....	1	B—Female Attendant	1	
		No. 4	Infirmary	1			
		No. 5	.....	1			
	West Front. 1st Story.	Sitting Room.	No. 6	Dormitory	8	C—Female Attendant	1
		Exercising Gallery, (and for active amusements).	No. 7	.....	1		
			No. 8	.....	1	D—Female Attendant	1
			No. 9	.....	1		
			No. 10	.....	1		
South Front. 2nd Story.	Sitting Room.	No. 11	.....	1	E—Female Attendant	1	
	Exercising Gallery.	No. 12	.....	1			
	Sitting Room.	No. 13	.....	1	F—Female Attendant	1	
		No. 14	Infirmary	1			
		No. 15	.....	1			
FEMALE West Front. 2nd Story.		No. 16	Dormitory	7	G—Fem. Head Attend.	1	
		No. 17	Watch do.	7			
		No. 18	Watch do.	7			
		No. 19	Watch do.	4			
		No. 20	.....	1			
		No. 21	.....	1			
		No. 22	.....	1			
		No. 23	.....	1			
		No. 24	.....	1			
	North and South Fronts. 1st, 2nd, 3rd* Stories.	Sitting Room.	No. 25	.....			1
Sitting Room.		No. 26	.....	2			
		No. 27	Dormitory	4			
		No. 28	Dormitory	4			
Sitting Room.		No. 29	.....	3	Female Servants	3	
Sitting Room.		No. 30	Dormitory	4			
		No. 31	.....	1			
		No. 32	Dormitory	4			
HOUSE. East Front. 2nd Story.			No. 33	Dormitory	7	H—Male Head Attend.	1
		No. 34	Watch do.	7			
		No. 35	Watch do.	7			
		No. 36	Watch do.	4			
		No. 37	.....	1			
		No. 38	.....	1			
		No. 39	.....	1			
		No. 40	.....	1			
		No. 41	.....	1			
	South Front. 2nd Story.	Sitting Room.	No. 42	.....	1		
Exercising Gallery.		No. 43	.....	1			
Sitting Room.		No. 44	.....	1	J—Male Attendant	1	
		No. 45	Infirmary	1			
		No. 46	.....	1			
East Front. 1st Story.		Sitting Room.	No. 47	Dormitory	8	K—Male Attendant	1
	Exercising Gallery, (and for active sports).	No. 48	.....	1			
		No. 49	.....	1			
		No. 50	.....	1	L—Male Attendant	1	
		No. 51	.....	1			
	South Front. 1st Story.	Sitting Room.	No. 52	.....	1	M—Male Attendant	1
Exercising Gallery.		No. 53	Infirmary	1			
Sitting Room.		No. 54	.....	1			
		No. 55	.....	1			
		No. 56	.....	1			

\* The Third Story contains Sleeping Rooms only.

## OFFICIAL BOOKS.

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<i>Chairman</i> .....	Chairman's Portfolio, and Order of Proceeding. Board Memorandum Book.
<i>Secretary</i> .....	Rough Minutes' Book. Recorded Minutes' Book. Standing Board Orders' Book. Current Board Orders' Book.
<i>Sub-Treasurer</i> ...	Benefaction and Subscription Book. Bank Book. Cash Book. General Ledger. Abstract of General Ledger. Patients' Ledger. Abstract of Patients' Ledger. Salaries and Wages Book. Auditors' Check Book.
<i>Physicians</i> .....	Physicians' Case Book. ————— Special Report Book.
<i>Surgeons</i> .....	Surgeons' Case Book.
<i>House Surgeon</i> ...	*Patients' Registry of Admission. *Patients' Case Book. *Medical Journal and Weekly Report. Day-Book of Medicines issued. Sick Patients' Wine, Spirits, and Porter Book. Register of Control. *Patients' Register of Discharges and Deaths. *Visitors' Book,    } *Patients' Book,    } for entries by the Visiting Com- missioners in Lunacy.

The Books marked thus (\*) are kept, by Act of Parliament.



*House Surgeon* ... Attendants' Daily Return of the State of each Patient under their respective charge.

House Surgeon's classified Daily Return of the State of the Patients.

House Surgeon's classified Weekly Return of the State of the Patients.

Attendants' and Servants' Hiring & Discharge Book.

Register of the number of Persons daily maintained.

House Surgeon's Cash Receipts' Book.

House Surgeon's Journal.

*Matron* ..... Stock Book of Provisions received and issued.

Book of Issues to Attendants and Servants.

Pass-Books of the Issues to Attendants and Servants.

Cravings' Book for Furniture, Patients' Clothing, &c.

Patients' Inventories' Book.

House Inventories' Book.

Patients' Tradesmen's Pass-Books.

House Tradesmen's Pass-Books.

Matron's Petty Cash Book.

Book of Articles made up by Female Patients.

*House Visitor* ... Weekly Visitor's Report Book.

*Governors* ..... Governors' Memorandum Book.

*Casual Visitors*... Strangers' Memorandum Book.

*Any* Any Governor may at all times inspect, extract, or copy any Bills, Accounts, Journals, Registers, Minute Books, or documents whatsoever, provided that the Names of the Patients shall not be copied: and all documents kept by order of the Rules or of any Board, shall be the property of the Institution.—RULE VIII—12.

A Key to the Books of Accounts is left always in the house, so that they may be at all times accessible to the Governors.—REG. VIII—1.

from 8 a.m. December 30th, to 8 a.m. December 31st, 1848.

Lower South Gallery and Day-rooms, and Centre-house lower Day-room.		Attendants.		Names of the Patients in the Ward at bed time.		MALES.	
				With confined bowels.			B. ....
				With relaxed bowels.			B. ....
				Uncleanly by day.			B. ....
				Uncleanly by night.			B. ....
				Wet by day.			C. ....
				Wet by night.			C. ....
				Slept on straw cases.			C. ....
				Wore socks in bed.			C. ....
				Noisy in the day.			C. ....
				Noisy in the night.			C. ....
				Destroyed their clothing.			C. ....
				Destroyed their bedding.			C. ....
				Refused part of their food.			C. ....
				Refused all their food.			C. ....
				Attempted suicide.			C. ....
				Under medicinal treatment.			C. ....
				Under surgical treatment.			C. ....
				Bathed in a warm bath.			C. ....
				Took wine medicinally.			C. ....
				Took porter medicinally.			C. ....
				Allowed extra meat.			C. ....
				Disallowed meat.			C. ....
				Forcibly fed.			C. ....
				Under night watching.			C. ....
				Under hired nursing.			C. ....
				Kept their beds by day.			C. ....
				Had epileptic fits by day.			C. ....
				Had epileptic fits by night.			C. ....
				Met with accidents, &c.			C. ....
				Capable of employment.			C. ....
				Incapable of employment.			C. ....
				Provided with employment.			C. ....
				Unprovided with ditto.			C. ....
				Had active employment.			C. ....
				Had sed. employment.			C. ....
				Employed in flower garden.			C. ....
				Ditto in kitchen garden.			C. ....
				Ditto cleaning rooms, &c.			C. ....
				Ditto in the laundry.			C. ....
				Ditto in the kitchen.			C. ....
				Exercised in the galleries.			C. ....
				Exercised in the grounds.			C. ....
				Exercised in the country.			C. ....
				Exercised in the town.			C. ....
				Do. in active games in-doors.			C. ....
				Ditto out-doors.			C. ....
				Attended evening prayers.			C. ....
				Do. house service on Sun.			C. ....
				Do. Church on Sunday.			C. ....

\* Each of the six Wards is in charge of *two* Attendants, one of whom fills up and signs the "Daily Return."